

**Transgender Identity and Ethics of Care: Narrative Analysis of Transgender  
Identities and Experiences of Care in Saskatchewan**

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In the Department of Sociology University of Saskatchewan Saskatoon, Saskatchewan

By

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## **ABSTRACT**

The intelligibility (or unintelligibility) of transgender individuals and their experiences is structured by the production of scientific and cultural knowledge. The possibilities of embodiment and identity have largely been structured through texts written by doctors who control access to healthcare, and evolving technologies of embodiment. Subjective knowledge of transgender identities from transgender individuals has largely been excluded from contemporary knowledge creation and texts considered authoritative. This has resulted in the erasure of transgender people's experiences, misunderstandings of transgender identities, and inaccessibility of appropriate, comprehensive and supportive care for transgender individuals.

The research questions that inform this project are: What are transgender identities? What are the experiences of transgender individuals seeking culturally competent healthcare? What are the institutional, practical, and policy interventions implied by the experiences of transgender individuals seeking culturally competent healthcare? The thesis is structured as a case study and draws its data from qualitative semi-structured interviews with six Saskatchewan transgender individuals; it applies a critical analysis by a transgender sociologist, to produce culturally and historically situated knowledge. Three major themes emerged in the narratives of the individuals who comprise the cases:

- 1) Transgender Identities are Non-Binary
- 2) The Need for Public Education and Exposure to Gender Diversity and Non-Binary Thinking
- 3) The Need for Care as Recognition and Supportive Action

The first theme, i.e. that transgender identities are non-binary, addresses the first research question: What are transgender identities? The six research collaborators who

participated in this study clearly discuss the multiple elements of their gender experiences. A much more complex system of understandings of gender is illuminated in the research collaborators' narratives. In this theme, the research collaborators' narratives of identity development and perspectives on subjecthood show recognition of a dynamic, co-productive understanding of identities. The second theme, 'Education and Exposure,' addresses the second and third research questions: What are the experiences of transgender individuals seeking culturally competent healthcare? and What are the institutional, practical, and policy interventions called for by the experiences of transgender individuals seeking culturally competent healthcare? The need for education and exposure to gender diversity and non-binary thinking is important for the wellbeing of the participating transgender individuals in their experiences of identity formation, and is a vital component in creating caring social relations. The third major theme that emerged from the project was the understanding of care as respectful recognition of transgender identities and supportive action. The research collaborators' experiences and understandings of care as respectful recognition must be accompanied by attentive companionate action.

My analysis of the three major themes and related minor themes directs attention to the active and specific ways transgender research participants as collaborators experience, interpret, and attach meanings to their subjective experiences of gender. The findings suggest that systems of knowledge, and social and technical actors co-construct and mutually shape the collaborators' experiences and understandings of self and vice versa. The findings also suggest possibilities for cisgender professionals and members of the public to support more respectful interactions in relationally accountable ways with transgender individuals. Practical

recommendations for constructive changes are provided.

Keywords: *transgender, identity, care, healthcare, Canada, Saskatchewan.*

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## Chapter 1: Introduction

The English word *transgender* was declared one of *Collin's Dictionary's* 2015 words of the year, with lexicographers saying use of the word had risen 100% since the previous year (Collins Language, 2015). Also in 2015, the title Mx was added to *The Oxford English Dictionary*. Mx is a gender-neutral title, added to the options of Mr. Mrs., and Ms. Without endorsing Anglocentrism, such linguistic shifts provide significant evidence of social change. Canadian English is slowly expanding to include transgender identities. As a result, transgender individuals are becoming more intelligible within the English language construction of the generalized other in Canada and elsewhere.

In 2014, *TIME* magazine hailed the arrival of the North American “Transgender Tipping Point,” calling it the “next civil rights movement.” Laverne Cox, transgender actress in *Orange is the New Black*, exploded into stardom in 2014, and has stepped forward as a public voice for transgender people. Speaking to universities, on talk shows, and with presidents, she brings forward issues faced by transgender women of colour, steering the discourse away from traditional narratives that focus on physical transition, to share a broad range of narratives that have been silenced.

As many people who have been on daytime TV, I've never heard someone push back and really talk about the homicide rate in the trans community and talk about the disproportionate discrimination and talk about someone like Islan Nettles, who lost her life just because she was walking down the street while trans. And to shift the narrative away from transition and surgery. I've never seen someone challenge that narrative on television before. But in the community, we've been talking about this and frustrated for years. (Laverne Cox in Steinmetz, 2014, *TIME*)

In her commentary, Cox centers the voices of individuals with intersecting minority identities who experience a combination of exclusion, discrimination, harassment, insensitive

behaviour, and violence. She also gives credit to and recognizes the agency of transgender people in making the shift toward transgender visibility.

More of us are living visibly and pursuing our dreams visibly. ... When people have points of reference that are humanizing, that demystifies difference. ... We're being able to write our stories and we're being able to talk back to the media ... We are the reason. And we are setting the agenda in a different way. (Laverne Cox in Steinmetz, 2014, *TIME*)

Nearly 60 years previously, in 1952, *The New York Daily News* rocked the world with their coverage of Christine Jorgensen - 'Ex-G.I. Becomes Blonde Bombshell.' Meanwhile, the newly coined Transgender "Tipping Point," like similar societal shifts, occurs when a previously rarely recognized phenomenon reaches critical mass and can no longer be ignored. On the peak of this tipping point, transgender people are sharing their stories, gaining control of public narratives around being transgender, and reaching their hands down to pull others up into visibility. The mountain transgender people have climbed is the history of western binary thought, which, characteristically, diagnoses them as other, monstrous, and unnatural (Sharpe, 2009; Stone, 1991; Stryker, 1994).

### **1.1 Transgender Health Assessment in Canada**

A person's identity consists of various aspects - gender identity, gender expression and sex as they intersect with race, class, ability, age, faith, ethnicity and all the dimensions of human character and social construction. A transgender person is someone whose gender expression or gender identity does not align with the sex they were assigned at birth.

Transsexual people are those individuals who take medical steps to alter their bodies with the goal of relieving the emotional distress caused by the disparity between their assigned sex and their experienced gender identity. Transgender people may also seek the effects of hormones and surgeries to better represent their gender identities. Since any form of physical

transitioning requires care and supervision by doctors, the health status and experiences of transsexual and transgender people are strongly connected to their experiences of local healthcare systems. In order to transition physically, transgender people in Canada must navigate their local and national healthcare systems. There are additional complexities introduced by provincial healthcare systems, which administer local ones. Each province is responsible for administration and delivery of their public health insurance, and has jurisdiction over what is or is not covered by their public health insurance.

Nowhere in Canada are all the costs of transitioning covered. Coverage of transition related services varies across Canada. The financial burden of transitioning is most often listed as a serious issue blocking access to care, with up to 55% of transgender people citing financial barriers (Barnes et al, 2006; Holman C., Goldberg M, 2006; Goldberg, Matte, MacMillan, Hudspith, 2003). The Saskatchewan government requires an assessment and approval of gender identity from the Centre for Addiction and Mental Health (CAMH), located in Toronto, or by a few other selected doctors located out of province for even partial coverage of procedures. A notice of application filed in the Ontario Superior Court in 2015 asked the court to strike down a Health Insurance Act in Ontario regulation that says transgender people can obtain public funding for their gender realignment surgeries only if they first get the go-ahead from the Adult Gender Identity Clinic at CAMH (Grant, 2015). The wait list for assessment at CAMH is over two years long. Having to wait two years, plus facing a costly out of province assessment is a failure of a healthcare system that claims to be universal and accessible. To remedy this situation, the Ontario government amended its Health Insurance Act to recognize family physicians as being capable of providing assessment and

approval of transition related care and public funding (Grant, 2015). In both Canada and elsewhere, where one lives can have profound significance in the lives and experiences of transgender individuals and communities. Where one lives determines access to culturally competent care.

The majority of transgender people in Canada have difficulty accessing the healthcare they need (Bauer, Travers, R., Scanlon, K., et al., 2012; Coleman, Bauer, Scanlon et al., 2011; Bauer, Boyce, Coleman et al., 2010; Warner A, 2010; Goldberg and Lindenberg, 2006; Bauer, Anjali, K., Pyne, J., et al., 2012). The main barriers to care are uneducated doctors, wait lists, lack of care offered locally region, and cost (Goldberg, Matte, MacMillan, et al., 2003; Goldberg and Lindenberg, 2006; Barnes, Breckon, M. R., Houle, K., et al., 2006; Bauer, Anjali, K., Pyne, J., et al., 2012). In particular, active and passive erasure, both systemically and through specific providers, plays a role in the complex experiences of transgender people seeking culturally competent care within health care systems (Bauer, Hammond, R., Travers, R., et al., 2009). Passive erasure includes a lack of knowledge of transgender issues and the assumption that this information is neither important nor relevant. Active erasure involves a range of responses from visible discomfort to refusal of services. Medical school curricula only average four hours of Lesbian, Gay, Bisexual, Transgender (LGBT) diversity training (Obedin-Maliver 2011), which is symptomatic of both passive and active LGBT erasure in healthcare and education. While the standards of care for transgender people have improved in that last few years, many social, governmental, and medical policies still act as gatekeepers to care.

Transgender people experience great difficulty in finding doctors and counselors to start

and maintain care specific to transitioning. Many doctors and counselors have no experience or education on transgender people and their care: “Most transgender people and many loved ones have had the experience of being refused services outright, either being told, ‘We don’t serve people like you’ or, ‘We don’t know how to help you’” (Holman C., Goldberg M, 2006, p. 199). Uneducated doctors, waitlists, and expensive care are barriers to those who choose transitioning. Furthermore, the transgender population has disproportionately high rates of depression, suicide, poverty, homelessness, human immunodeficiency virus (HIV) and sexually transmitted infections (STI). Numerous studies and assessment projects of transgender populations in Canada show that the levels of known STI and HIV infections are much higher than in the general population. A 2006 study of Manitoba and Northern Ontario transgender individuals showed that 21% had known STI and 8% had known HIV, while another 7% were unsure of their HIV status (Barnes, Breckon, M. R., Houle, K., et al., 2006). The rate of known HIV infection in the transgender community is over 40 times the national average in Canada, where it is estimated that fewer than 0.2% (0.17) of the general population are HIV positive (Barnes, Breckon, M. R., Houle, K., et al., 2006). A 2012 study of Ontario transgender people found that 46% had never been tested for HIV; and self-reporting of HIV prevalence was 10 times the estimated baseline prevalence for Ontario (Bauer, Travers, R., Scanlon, et al., 2012).

Transgender people are always already more than simply transgender people; other identities inhabited include, but are not limited to: parents (27%), born outside of Canada (19%), intersex (6%), living with chronic mental illness or disability (55%), racialized (23%), or Indigenous (7%) (Bauer, Travers, R., Scanlon, K., et al., 2012; Coleman, Bauer, Scanlon.,

et al., 2011; Bauer, Boyce, Coleman et al., 2010; Warner A, 2010). As a result, their experiences of healthcare systems are often disorganized, delayed, and unsatisfactory. Transgender people also face barriers in employment and housing, which are also significant factors in the overall health of any individual.

## **1.2 Transgender Legal Protection in Canada**

Efforts to protect transgender people from discrimination, through policy changes at the federal level, have faced interrupted and slow process. A private member's Bill, C-392, was introduced in 2005 to include protection of 'gender identity' in the Canadian Human Rights Act, but never made it to policy and legislation. Protections against discrimination for transgender people have been met with opposition from those who wish to protect a binary understanding of gender and sex. On May 16 2016, Prime Minister Justin Trudeau announced the tabling of a new bill, Bill C-16, in the House of Commons to ensure the full protection of transgender people in the Canadian Human Rights Act and the Criminal Code. The new bill must now go through the voting proceedings again, but there is hope that, after a decade of stalled voting proceedings, Canadian transgender people will have federal legislation protecting our human rights.

**1.2.1 Resistance to transgender protections.** Some religious organizations and individuals who are resistant to policy changes around transgender individuals in Canada, have cited their beliefs in a scriptural, God-given, "natural" order of life that excludes transgender experiences and spiritual orientations. The Campaign Life Coalition Youth, for example, is a non-profit group that describes itself and its purpose as the "premiere advocate for legal and cultural change in Canada with respect to protecting human life and the family"

(Campaign Life Coalition, 2013). Already organized against same-sex marriage and LGB social movements, their aim has more recently turned toward halting the ‘tipping point’ of the transgender movement. The Campaign Life Coalition is fighting to maintain a binary ideology of gender and sex. They believe that the western binary system which structures dominant notions of gender and sex in Canada is a reality found in nature and not a socially constructed and maintained ideology. While this group may appear to hold extreme views, sex is restrained, in fact, to the binary construction of male and female in a number of mainstream ways: medical intervention at birth on intersex individuals, the legal system recognizing only male or female identification, and through language that operates on binaries.

If the state and the legal system have an interest in maintaining a two-party sexual system, they are in defiance of nature. For biologically speaking, there are many gradations running from female to male; and depending on how one calls the shots, one can argue that along that spectrum lie at least five sexes -- and perhaps even more. (Fausto-Sterling, 1993, p. 1)

Binary understandings of gender and sex persist in opposition to centuries of lived cultural experiences around the world and more recent developments made in the medical community. A broad spectrum of members from the medical professionals, some of whom are transgender themselves, do not support previous diagnoses of transgender people as mentally ill or delusional. Changes have been made to the Diagnostic and Statistical Manual of Mental Disorders to reflect this shift in perspectives on transgender people (American Psychiatric Association, DSM-5, 2013). Up until 2013, transgender people were diagnosed with ‘Gender Identity Disorder,’ listed as a mental disorder in the DSM-4. The diagnoses focused on transgender identity as inherently pathological or disordered. The fifth DSM lists ‘Gender Dysphoria’ instead, which emphasizes the distress about the incongruity between assigned and

experienced gender. Thus, it is the distress of gender dysphoria that is diagnosed and can be treated.

In Saskatchewan, the province in which this study is located, there was no clear legal protection of transgender individuals until 2014. In December 2014, amendments were made to the Saskatchewan Human Rights Code, so that discrimination based on of ‘gender identity’ or ‘gender expression’ is now against Saskatchewan law. This amendment comes after years of activism by transgender individuals and alliances. In early 2016, barriers - proof of gender reassignment surgery - to accessing government identification were reduced for transgender individuals in Saskatchewan. Previously, surgery was required to change the gender marker on government identification in Saskatchewan. Since surgery is inaccessible due to waitlists, lack of doctors, expense, or is not personally required to transition, this requirement of surgery to change identification was clearly unfair.

### **1.3 Ethics of Care**

To ensure that this research does not replicate gendered assumptions and other biases in its results, it is necessary to define the thesis's orientation to the notion of care. As a feminist theorist, Carol Gilligan presented a feminized moral philosophy of care that challenges the masculinized construct of the notion of justice, which had been taken as the superior norm (Gilligan, 1982, p.10). Gilligan argues that the concept of justice as the principle guide to social interactions is a masculine construct imbued with hegemonic power, which prioritizes social responsibilities as impersonal, cool, logical systems of rules and limitations on behaviour and aggression (1982, p.9). Gilligan suggests instead drawing on what has been constructed as a feminized political practice of an ethics of care, which prioritizes a “responsibility as response, an extension rather than a limitation of action” as a superior guide to social interaction (1982,



p.10). Building on Gilligan's foundational work, Nortvedt advances the notion of an ethics of care as a superior guide for role obligations in health care (Nortvedt, 2011, p.193). Especially relevant to this thesis, Nortvedt argues that an ontology based in an ethics of care is more suitable for informing roles and responsibilities in health care. The concept of relational responsibilities "takes obligations to individual persons within relationships to be the cornerstone of its normative framework" (Nortvedt, 2011, p.10). The practice of culturally competent care is an expression and extension of feminist ethics of care. Culturally competent care is defined as "the ability of individuals to establish effective interpersonal and working relationships that supersede cultural differences" (Cooper LA, Roter DL, 2002, p.554), so that they do not become a barrier to meaningful, comprehensive care. Transcending barriers is accomplished by recognizing the importance of social and cultural influences on patients, considering how these factors interact, and devising interventions that take these issues into account (Betancourt JR, Green AR, Carrillo JE, et al., 2003). In a systematic review of studies on culturally competent care, Beach et al. found excellent evidence that cultural competence training improves the knowledge, attitudes and skills of health professionals, and good evidence that cultural competence training impacts patient satisfaction (Beach M. C., Price, E. G., Gary, T. L., et. al., 2005, p.356).

It is from a position of a culturally competent ethics of care that situates *responsibility as response* that I examine the principles of the Canadian Health Act and accessibility to transition related care. The goal of the Canada Health Act is "to protect, promote and restore the physical and mental well-being of residents of Canada and to facilitate reasonable access to health services without financial or other barriers" (Health Canada, 2010). The Canada Health Act has five key principles: comprehensiveness, accessibility, universality, administration, and

portability (Health Canada, 2011). The Canadian healthcare system aims to provide universal care that is equal and accessible to all citizens. Health status is strongly linked with broad socioeconomic factors such as income, housing, and social support systems (Hernandez, Montana, & Clarke. 2010 p.291).

Surgeries and procedures are the only way for some transgender people to experience a diminishment of the emotional distress of gender dysphoria. Without access to these procedures, transgender people are forced to live with emotional distress. Suicide and depression are found at high levels in transgender populations; however, access to medical transition, social support, reduced transphobia, and accessing proper identification documents were associated with sizeable positive effects on the high rates of suicide ideation and attempts among transgender individuals (Bauer, G. R., Scheim, A. I., Pyne, J., et al., 2015, p.12). Evidence is overwhelming that transition-related health care is accepted by health care providers to be medically necessary, nonexperimental, and noncosmetic (Brown, 2001; Gordon, 1991; Gehi, Arkles., 2007; Meyer et al., 2001; Pfäfflin & Junge, 1992/1998). “Therefore, in the contexts in which the state excludes transition-related health care from coverage, the state is choosing to go against the vast weight of medical evidence” (Gehi., Arkles, 2007, p.9). The known success of improved access to transition related health care is beneficial to health policy makers because it supports efforts to have these procedures recognized as necessary, and thus to be covered by the Canadian healthcare system.

A notice of application filed in the Ontario Superior Court in 2015 asked the court to strike down an Ontario Health Insurance Act regulation that says transgender people can obtain public funding for their sex realignment surgeries only if they first get the go-ahead from the Adult Gender Identity Clinic at CAMH. The wait list for assessment at CAMH was

over two years. Having to wait that long for basic assessment is a failure of a healthcare system that claims to be universal and accessible. To remedy this situation, the Ontario government amended its Health Insurance Act to recognize family physicians, and other care professionals, as capable of providing assessment and approval to transition related care and public funding. At present, the Saskatchewan government has a similar, restrictive policy in place that requires transgender individuals to pay for their travel to Toronto to the CAMH clinic for assessment. This means that transgender individuals in Saskatchewan have to wait over two years on a CAMH assessment waitlist and pay for their travel out of province, for just partial coverage of gender realignment surgeries. In light of the Ontario decision, a policy change to make care and coverage more accessible for transgender individuals is something the Saskatchewan government must consider seriously.

No Canadian national standard of care for transgender people exists because of the structural variation of healthcare systems by province in Canada. The Canadian Professional Association for Transgender Health (CPATH) is currently creating a Canadian standard of care, but until the Canadian standard is complete, CPATH endorses use of the World Professional Association for Transgender Health (WPATH) standards (CPATH, 2009, p.1). The WPATH standard of care was made with and by transgender individuals, transgender doctors, as well as cisgender health professionals. The Sherbourne Health Centre in Toronto, which seeks to improve healthcare for underserved communities, including LGBT communities, recognizes the WPATH guidelines as the “golden standard” providing an international professional consensus around current knowledge and the role of the clinician in working with trans clients (Bourne, 2015, p.2). The Saskatoon Community Clinic has utilized the WPATH standards to guide their clinical practice. The WPATH standard of care was

selected as one rubric of analysis for this study because it is the guideline for care used at local, national, and international levels. It will be to this standard of care that the experiences of Saskatchewan healthcare by participating research collaborators will be compared.

#### **1.4 Purpose of the Research**

My goals for this research include advocating for improved training for medical professionals, which is necessary for them to be able to respectful care to transgender individuals. As shown above, many Canadian transgender individuals do not experience health care that meets the core principles of the Canadian Health Act: comprehensiveness, accessibility, universality, administration, and portability (Health Canada, 2011). Many transgender Canadians have reported not being able to access well-trained care providers, experiences with uneducated doctors, long wait lists, lack of or absence of care offered in their region, and high costs (Goldberg, Matte, MacMillan, et al., 2003; Goldberg and Lindenberg, 2006; (Barnes, Breckon, M. R., Houle, K., et al., 2006; Bauer, Anjali, K., Pyne, J., et al., 2012). I also want my research to expand knowledge of transgender identities. I hope my research will inform policy making, and be used in education and diversity training of medical professionals. Such a project requires starting with an exploration of transgender identity formation and its history in western knowledge production and how to think about human bodies as complex, contingent, relational, and hybrid. Throughout the thesis, transgender identities are acknowledged as a location where binary scientific systems fail to capture complexity.

I came to this topic because I am a transman, seeking theory that is able to accommodate complex, non-binary identities, one that acknowledges our contingent

becomings with many actors, not all of them human. I want to produce scientific knowledge that takes seriously the ethics of recognizing humans as one among many companion species inhabiting and comprising the biosphere. A way to make a difference in the world, to cast our lot for the lives of transgender people, means viewing the histories of our lives as something more than just a random profusion of local biographies. This means maintaining a relentlessly critical perspective on the situated history within which transgender narratives are told.

Therefore, this work is necessarily political.

Transgender people are navigating a terrain of binarized gender conditioning to which everyone is subject. Cisgender individuals, i.e. those whose gender congruent is with their assigned one, are people who, for the most part, align with the expectations of gender/sex based expectations and societal norms. Almost nobody, if anybody at all, actually embodies received gender norms in full compliance. Cisgender people can oppose binary gender norms without experiencing dysphoric disconnections from their bodies, which can be a distinguishing experience for some transgender individuals. Human mortal messiness is always undoing hegemonic categories. Thus, transgender voices are vitally important to undoing normative, disciplinary gender for everyone. Highlighting the multiple elements of gender that both transgender and cisgender people experience: gender identity, gender expression, reproductive sex, somatic sex, body consciousness, and social gender can be a powerful deconstructive and therefore generative force. If one does not live in allegiance with received binary gender, but, owing to assigned sex, is forced to occupy a particular category that does not feel right, making the “invisible” element/s of the experienced gender spectrum visible can be a way of establishing sovereign and evolving gender identity(ies), while disrupting received/imposed binarized categories. Transgender experience thus illuminates aspects of cisgender lives as well. The

mirror that transgender experience holds up to hegemonic norms is a powerful instance of diffraction, splitting and exposing the multiple elements that compose gender.

In 2016, the *Antioch Review*, one of the longest running literary journals, published Daniel Harris' piece praising it in the media for addressing the popular topic of transgender identity. On May 1, 2016 the journal posted a blog it would later remove that advertised the article as "a must-read about one sexual choice for humankind and an issue currently in the news," "not-to-miss," "sure to entertain, intrigue, and provoke," the entry "asks us to take our debate to a new level on the topic of transgenders [sic]" (*Antioch Review*, 2016). Within days of the release, on May 4, 2016, more than 4,000 writers, editors, and librarians denounced transphobia in the *Antioch Review* and asked for accountability from the editors for this decision. Releasing a statement that rejects Harris' article,

The author's desire to blame trans people and their allies for rejecting nouns that have no descriptive or identifying purchase ('transgenders') in favor of adjectival uses that correctly describe people: trans men, trans women, trans people, gender nonconforming humans. It is deeply troubling that The *Antioch Review* promotes this sort of bigotry. We can find no redeeming aesthetic or political justification. (4,000+ Writers, Editors, and Librarians Denounce Transphobia in the *Antioch Review*, May 4, 2016).

Harris' use of 'TGs' throughout his paper is transphobic, reducing transgender individuals to their transgender identity, and even then he cannot be bothered to write the full name, erasing many other important aspects that make up relationally situated transgender lives. Harris' article is titled as a debate over the existence of transgender individuals. He ignores the well-established canon of literature in transgender studies, which has already established the existence of transgender individuals and defended itself against the very arguments Harris regurgitates from the past:

Far from articulating a new and insightful position, Harris in fact recites a very familiar and surprising[ly] long-lived theoretical description of trans people: that transition is the result either of internalized homophobia or 'autogynephilia'; that plastic surgeries derive

from, and imply the capitulation to, patriarchal fantasies of the female body; that transsexuality in particular is a reactionary expression of gender; that transition implies both the parody and appropriation of the other; and on and on. (Gabriel, 2016)

Harris' transphobic publication shows how important it is to include transgender individuals, or their knowledges, in knowledge production processes. Harris' research methods are dated and questionable; he cites AOL chat rooms as an exemplary form of online sociality for investigating transgender identity (Harris, 2016, p.73). Including the knowledge of transgender research collaborators is a research procedure with greater credibility and trustworthiness. Harris' understanding of transgender identity does not align with the identity knowledge shared by the research collaborators in this study. He remarks, "While I fervently support TGs' rights to transition and to do so without fear of reprisal, I believe that the whole phenomenon of switching one's gender is a mass delusion" (Harris, 2016, p.65). Harris' announcement that 'switching one's gender' is a 'mass delusion' does not correspond to how transgender individuals and allies understand their transitions and gender.

Transgender studies are making a tremendous contribution to cognitive justice and critical thought overall. Even as transgender rights are being recognized as the most recent crest of civil rights movements, the right wing minoritizing notion of "special interest group" needs to be addressed early. Understanding transgender rights is vital for transgender people, but it is transformative for everyone. An important way this project acknowledges this broad impact is by refusing to construct transgender persons as somehow exclusively outside the caring/teaching/researching/public professions. In Canada, there are undergrad and grad students, doctors, professors, nurses, librarians, lawyers, artists, film-makers, seniors and homeless people too, all of whom are transgender, and changing interpersonal relations, institutions and nation states at every level. One of the most important contributions this project makes is in mapping

pathways to institutional change along a range of scales from the intra to interpersonal, organizational, institutional, policy, state and interstate levels. Focusing on health and education as two major portfolios at the provincial and federal levels in Canada, this project identifies these as sites of public evolution where much important work can be accomplished to advance transgender rights and therefore quality of care for all. These important contributions are summarized and advanced in the Recommendations section (Chapter 5).

**Problem:** An examination of the productive intersections of feminist and culturally competent ethics of care, science and transgender studies remain underdeveloped. The insights and implications at the intersections of these theoretical and methodological concepts have not been utilized in a study of Canadian transgender individuals' experiences seeking culturally competent healthcare.

**Research questions:**

1. What are transgender identities?
2. What are the experiences of transgender individuals seeking culturally competent healthcare?
3. What are the institutional, practical, and policy interventions implied by the experiences of transgender individuals seeking culturally competent healthcare?

## **1.5 Thesis Chapter Outline**

The introductory chapter outlines the experience of personal health and healthcare systems among members of Canadian transgender populations. Current legal protections and healthcare policies regarding transgender individuals in Saskatchewan were also discussed in this introductory chapter, as a way to provide context for the current case study. The rise of attention to and discussions about transgender identities and experiences has gained popularity in the last couple of years. More people are talking more about transgender people, and more importantly, transgender people are sharing their own stories and gaining control of



public narratives around transgender identities. The purpose of this study is to gain a better understanding of Canadian transgender individuals' identities and experiences of health care, using Saskatchewan as a case study. This is significant because listening to and understanding transgender individuals is necessary to providing comprehensive healthcare and for engaging in more respectful social relations.

In Chapter Two, I provide a literature review that summarizes insights and critiques about western knowledge production by drawing upon a combination of science and transgender studies. A leading scholar in that field, Donna Haraway, has been an influential teacher among transgender studies scholars, owing to the example she provides of critical, reflexive, and ethical scientific work. Speaking of Haraway's 1983 *Cyborg Manifesto*, "Its conceptual vocabulary and theoretical framework directly informed one of the founding works of transgender studies, 'The 'Empire' Strikes Back: A Posttranssexual Manifesto,' by Haraway's doctoral student Sandy Stone" (Stryker, 2006, p. 103). Within the 'Posttranssexual Manifesto,' Stone says the paper owes "large debt to Donna Haraway," which is expressed in the paper's interest in "morality tales and origin myths, about telling the 'truth' of gender ... the image and the real mutually defining each other" (Stone, 1991, p. 224). Stone thanks and references Haraway again in the Notes at the end of the Manifesto (1991, p.233). Haraway's companion species theory, which developed out of and extends her *Cyborg Manifesto*, offers a critical focus on ethical relations and knowledge production within and across species, emphasizing the intersubjectivity of companionate groupings across ontologies. Her queering of animal studies (Hird, 2012, p.132) provides a useful lens with which to critique dominant models of identity formation while affirming insights about intersubjectivities and

intersectionalities emerging from transgender movements and theorists. Transgender studies is also foundational to this second chapter. Leading transgender studies scholars - Susan Stryker, Sandy Stone, Kate Bornstein (among others) – have shared their evolving narratives, which challenge the pathologizing knowledge created about transgender people by mainstream “authoritative” knowledge producers. The purpose of the literature review is to situate the current study within the broader field of transgender studies. This is achieved by making connections across literatures salient within transgender studies and the critical theoretical perspectives and frameworks I utilize from science studies.

Chapter Three presents the types of data gathered, methods of data collection, and descriptions of data analysis techniques. Primary sources of data are “standards of care” documents and commentary gathered from transgender research collaborators. Semi-structured interview techniques, procedures for recruitment, and data analysis are detailed in this chapter. Descriptions of the data collection process and content analysis of the standards of care for transgender individuals are specified. Ethics, trustworthiness of analysis, and reflections on my role as a researcher are also discussed in this chapter.

Chapter Four outlines the findings from both the content analysis of the standard of care documents and the narrative analysis of the semi-structured interviews. The findings in chapter four answer the research questions of this project:

1. What are transgender identities?
2. What are the experiences of transgender individuals seeking culturally competent healthcare?
3. What are the institutional, practical, and policy interventions implied by the experiences of transgender individuals seeking culturally competent healthcare?

One of the three main findings that emerged from this study was that transgender identities are experienced by research collaborators and allies as non-pathological expressions of gender diversity. Transgender identities challenge binary understandings of gender and sex. The research collaborators did not want to hide their transgender identities; they did not want to disappear within a binary and they were not ashamed to be transgender. The second finding suggests that educating medical practitioners and policy makers within institutions of socialization about gender diversity by affirming that transgender identities are legitimate is necessary to caring for transgender persons. The final finding suggests ‘Recognition and Support’ as core principles guiding how to care for transgender individuals in all of the complex and evolving identities they inhabit. Recognition involves understanding that transgender identities are not about pathology, while support from others (doctors, government, educators, policy makers) is needed in creating a world in which transgender people are valued as contributing citizens entitled to fully adequate and excellent care.

The concluding chapter provides a summary of the project, along with strengths and limitations of the study, future directions, and recommendations.

## Chapter 2: Literature Review

This literature review serves to introduce the theoretical concepts that I will be utilizing in my analysis of the data gathered during the interview process and in the content analysis of available standards of care. In the reviews of knowledge politics theory and of the intersections of science and transgender studies, I establish my critical theoretical framework based on commitments to cognitive justice. In this chapter, I discuss various critiques of modernity, western scientific knowledge production, and general knowledge production around transgender identities. As a way to introduce some of the implications of science studies, I turn to examine Donna Haraway's feminist ethics paradigm shifting work. I focus especially on her work as articulated in *Companion Species* (2003), which examines the co-evolution of humans as animals accompanying our more-than-human significant others through time, space and shared histories. This examination of companion species challenges us to examine the borders, subjects, and research methods of sociology. The co-constitutional and, ideally, collaborative relationships between researcher and researched, self and other, and the duties and responsibilities of those connections in knowledge production are re-evaluated in Donna Haraway's work through the concept of companion species (Haraway, 2003). Haraway reminds theorists and researchers that humans are always already operating in fields of co-agency, and not only with one another. I wish to highlight the importance of this *Companion Species* framework for the area of transgender studies, by emphasizing the ways that mutual accompaniment and co-evolution across multiple differences shapes potentialities in multiple directions. This literature review serves to ground the methodology section in which I introduce the methods, data collection, and analysis decisions undertaken in the

course of this research project. The literature review also provides a framework for the analysis of the data.

A foundational text in transgender studies is Sandy Stone's work, *The 'Empire' Strikes Back - Posttranssexual Manifesto*, released in 1991. Stone traces the construction of transgender identities as pathological. In many cases, transgender experience is not only guided by the received either/or dichotomy of male/female, which is so often strictly enforced; staying within gender binaries is sometimes absolutely necessary for access to care. In 1994, Susan Stryker released 'My Words to Victor Frankenstein. Above the Village of Chamounix - Performing Transgender Rage.' She writes: "As we rise up from the operating tables of our rebirth, we transsexuals are something more, and something other, than the creatures our makers intended us to be" (p. 87). Stryker's work explores the binary of "creator vs. created"/"natural vs. monster." Because transsexuals challenge binary categories, such reductive constructions are revealed as socially created and maintained, no more "natural" than what is constructed as "monstrous" by the adoption of "origin" myths. Examples of the kind of complex narratives by transgender people called for by Stone in *Posttranssexual Manifesto* are presented in Stryker's analysis. Similarly, Kate Bornstein is another gender outlaw. Her autobiography, *Gender Outlaw - On Men, Women, and the Rest of Us*, is a postmodern analysis of gender identity, which, among other impacts, has improved available standards of care for transgender individuals (Bornstein, 1994; WPATH 2011, p.9).

Both science and transgender studies critique dominant knowledge paradigms, and the social structures they enable and by which they are supported. Interweaving these critiques, and engaging their affinities, is one of the original contributions of this work – helping to unpack the

intersections of science and transgender studies. Utilizing an appreciation for “ecologies of knowledges” (de Sousa Santos, 2007) advances a methodological approach to cognitive justice that will be discussed in detail when I outline the lenses brought to bear in my Methodology chapter. A phenomenological approach to being (i.e. ontological experience) is deployed within both my theoretical framework and in constructing the methodological lenses applied in the study. Briefly, phenomenology is the study of subjective experience. The basic premise of phenomenological thought is that consciousness ‘is like something’ for the experience of being. This immediately places phenomenology outside positivist thought, which rejects that which cannot be observed or measured, since one cannot directly observe perceptions of consciousness.

Science studies examines how authorities of knowledge are entangled in the creation of those subjected to their power (Latour 1987; Pickering 1992; Barad 2007; Haraway 2003). Meanwhile, transgender studies has traced the origins of pathological transsexual diagnoses to the political issues inscribed in knowledge production as raised in science studies, citing structures such as authority over knowledge and paradigm boundaries (Stone 1991; Bornstein 1994; Stryker, 1994). Feminist ethics of care research and theory suggests relational responsibility as a guide to healthcare obligations (Nortvedt 2011; Gilligan 1982). The co-exploration of intersectional feminist ethics of care, science studies, and transgender studies I provide here reveals the ethical implications and obligations binding the Canadian healthcare system, and the individuals who compose it, to the flourishing of transgender individuals. Providing accessible transpositive therapies, like those advanced in the guiding principles of the WPATH SOC, demands that healthcare professionals listen to transgender individuals and recognize their relational responsibilities to our becomings.

## 2.1 A Critique of Modernity - Science Studies

“Transsexual” is a created word with a specific socio-historical context, born from medical and scientific diagnostic literature in the west. Inquiry into the development of transgender identities inevitably leads down the path of science studies. Science studies is an area that examines western scientific knowledge production critically as a dynamic, multi-agentic, social construction. Science studies scholar Bruno Latour identified the ‘Great Divides’ as the series of foundational dichotomies that structure western knowledge making (1987; 2005; 2012; Latour & Woolgar, 2013). These great divides include the separation of nature and culture, humans from animals, and humans from machines/nonhumans. Critiques of man and science by science studies scholars have taken aim at false universal narratives, and at the self-centred human subject. Modern humans fight off anxiety and ambiguity with the fantasy of human exceptionalism, assuming specialness and moral “superiority” or exemption from critique. Western science has adopted an idealized narrative of being progressive and always moving forward toward perfectibility, compared to other systems of thought, which are seen as primitive, flawed, or nonexistent in scientific knowledge production.

The division is such that ‘the other side of the line’ vanishes as reality, becomes nonexistent, and is indeed produced as nonexistent. Nonexistent means not existing in any relevant or comprehensible way of being. Whatever is produced as nonexistent is radically excluded because it lies beyond the realm of what the accepted conception of inclusion considers to be its other. (de Sousa Santos, 2007, p. 45)

The links to colonialist notions of “*Terra Nullius*” are obvious. The Crown did not recognize as legitimate the diverse and numerous traditions of Indigenous peoples across North America. The colonizers did not recognize the social systems of Indigenous people as legitimate; we can see this in the *terra nullius* clause, “since the Indigenous people simply occupied, rather than owned, the land. True ownership, they [Crown government] claimed, could come only with European-

style agriculture.” (TRC, 2015, p. 18; Wood, 2002, p.111). Indigenous social systems were not structured around private property and capital, as the westerners’ were. Western science was once imagined to be above politics, individual and group interests, capital investments, and other distorting influences. This delusion disregards the structural foundations of and discontinuities in western knowledge, the knowledges produced through other systems, and the power dynamics of knowledge production, as entangled with the interests of dominant groups.

Those who considered themselves to be "modern" and "outside of" nature, and thus claimed the authority and ability to be "objective" and to discover truth, were assumed to be primarily white male scientists. If being modern means being independent, separate from nature, objective, and rational - then Latour says, "We have never been Modern" (2012). Haraway continues this critique of some of the foundational assumptions informing the practices of science and adds that if what it means to be Human is: not Animal, not Nature, to have independent and sovereign control over your body, then, not only have we never been modern; "We have never been Human" (2008, p. 1). The scientific knowledge production system creates the illusion of an objective, naturalized world, which is often turned into a hierarchy of inequalities.

Donna Haraway's study of the production of scientific knowledge identifies the field as a social orchestration composed of contextual historical actions (1985; 1989; 1997). She closely investigates stories of the Scientific Revolution to understand the models of authority and truth making they contain. She says these stories produce a narrative about what 'objectivity' is and who is a credible witness: "The stories of the Scientific Revolution set up a narrative about 'objectivity' that continues to get in the way of a more adequate, self-critical technoscience committed to situated knowledge. The impotent practice of credible witnessing is still at stake"



(Haraway, 1997, p.233). The stories of the Scientific Revolution reveal boundary making that values men,

Enhancing their agency through their masculine virtue exercised in carefully regulated “public” spaces, modest men were to be self-invisible, transparent, so that their reports would not be polluted by the body. Only in that way could they give credibility to their descriptions of other bodies and minimize critical attention to their own. This is a crucial epistemological move in the grounding of several centuries of race, sex, and class discourses as objective scientific reports. (Haraway, 1997, p.232)

According to the scientific paradigm, truth is out there, and to know truth one must be an “objective” witness, supposedly separate and detached from what one is studying. Within this view, truth is understood to exist externally in nature and only those select few seen as “capable” within this perspective can discover truth with “proper” measurements. Western science interprets and weighs data according to positivist measures that are often understood in dualisms. Thus, knowledge produced within the western scientific paradigm assumes the essential, unchanging, stable properties of the independent object studied. Science was founded on the domination of nature for the emancipation of humans, “in order to dominate nature, you had to at least pretend that it was something fully external to humans” (Fausto-Sterling, 2003, p.13). To see ourselves as external to nature is a foundational fantasy of Human Exceptionalism.

**2.1.1 Theorizing the body: beyond nature and culture. Sociality of science and the fantasy of human exceptionalism.** Modern man [sic] placed himself outside of nature as an objective modest witness. However, Haraway is interested in thinking about ourselves as part of the world, implicated in, and changed by what we study. Haraway utilizes the term *natureculture* to express the untangleable knot in motion that is the relationship of nature and culture (2008). Natureculture reveals the great rational man of western science to be simply a

human animal, rooted firmly in the world of other animals and living beings. Such *companion species thinking* engages with questions of culture and power, and introduces the relational potentials of companionship into the politics of knowledge production. Companion species thinking represents less of an identity category and more of a way of becoming with all of our significant others in the world, human and more than human. Companion species thinking speaks to the emergence of dynamic partnerships in shaping mutual knowledge relations. The partners do not precede their interactions; they become together (Haraway, 2008). Similarly, Haraway demands that researchers consider their social positions reflexively in relation. She argues that researchers must ask, who is entering this relationship and who is leaving? Who lives, who lives well, and who dies? (Haraway, 2008).

To be entangled is not simply to be intertwined with another, as in the joining of separate entities, but to lack an independent, self-contained existence. Existence is not an individual affair. Individuals do not pre-exist their interactions; rather, individuals emerge through and as part of their entangled intra-relating. Which is not to say that emergence happens once and for all, as an event or as a process that takes place according to some external measure of space and of time, but rather that time and space, like matter and meaning, come into existence, are iteratively reconfigured through each intra-action, thereby making it impossible to differentiate in any absolute sense between creation and renewal, beginning and returning, continuity and discontinuity, here and there, past and future. (Barad, 2007. p. ix).

In *When Species Meet*, published in 2007, Haraway traces the words ‘Companion Species’ to their root to reveal why this perspective is key to a paradigm shift in science. Companion as a verb means ‘to consort, to keep company’ (Haraway 2008). To be a companion species is to recognize that human exceptionalism is a potentially dangerous fantasy. “The modern view that science and culture are separate and that hybrids do not exist lies at the heart of our communication problem.” (Fausto-Sterling, 2003, p.117).

Companion species thinking places us all in relational responsibility with each other and

reorganizes kinship structures. With the guiding motto, 'Kin and Kind Among Strangers,' Haraway describes how she wishes to relate: "I am sick to death of bonding through kinship and 'the family,' and I long for models of solidarity and human unity and difference rooted in friendship, work, partially shared purposes, intractable collective pain, inescapable mortality, and persistent hope." (1997, p. 284). Companion species thinking puts humans back in the circle of life. Connectivity, relationality, expansive kinship networks are fundamental to Indigenous worldviews, whose contributions to Haraway's work have gone largely uncredited. Feminist scholar Chela Sandoval, however, recognizes many Indigenous peoples and knowledge traditions as having developed cyborg skills in their interactions with westerners and western ideology, "my argument has been that colonized people of the Americas have already developed cyborg skills required for survival under techno-human conditions" (2000, p.375). Within global neo-liberalism, transgender and transsexual identity rights rhetorics are seen as modern and metropolitan in opposition to Indigenous and non-Western gender-variant identities (Roen, 2001), a misinformed and reductive view. These power dynamics extend into the way knowledges are valued, one fostered within academia while others are produced as nonexistent (Aikenhead, G., & Michell, H., 2011; Battiste, M., & Youngblood, J., 2000; Turnbull, 2003). Indigenous knowledges have been seen as primitive and illegitimate, and have largely been excluded from or uncredited in scientific knowledge production. To start from a perspective that recognizes the researcher as part of, in company with, and becoming with what or whomever they study - is the start of a transformation of science. It is necessary to recognize that one can be transformed by others, and that others will be transformed by creating knowledge together. Gruen refers to this affective bond and ethic as a form of

‘entangled empathy,’ a caring perception in which we recognize our relationships with others and “are called upon to be responsive and responsible in these relations by attending to another's needs, interests, desires, vulnerabilities, hopes, and sensitivities.” (Gruen, 2015, introduction). The word “species” is rooted in the Latin *specere*, ‘to look’ and ‘to behold,’ as well as from the root *specific*, as in ‘a particular,’ or a class - a species (Haraway 2008). Species is about kin and kind; about boundaries, about what counts as ‘us’ and ‘them.’ And so, taken together, companion species thinking invites people to look at the company they keep, to behold and to consort with others. Companion species thinking is about becoming worldly with others. “To knot companion and species together in encounter, in regard and respect, is to enter the world of becoming with, where who and what are is precisely what is at stake” (Haraway 2008). Haraway’s critical and ethical theory is useful for understanding the natureculture context within which transgender individuals emerge and exist. Haraway recognizes that bodies are culturally specific creations; “Our bodies, ourselves; bodies are maps of power and identity” (1985, p.115). In a world constructed through binary gender, transgender bodies are clearer, more visible examples of interrelation and the web of social, biological, technological, and historical factors that continuously create and make up relational bodies.

**2.1.2 Agency, Subjectivity and Power in Identity Knowledge Production.** Michel Foucault produced a historical ontology of the development of self in modern society. For Foucault, identities are inextricably wed with knowledge, which can be located socially and historically. Identities are created through the systems of knowledge that support them. He was concerned with the dynamics of power in the creation and the knowledge of identities.

Foucault was interested in answering how something becomes an object of knowledge, how it is that people become subjects of knowledge, and how selves form in relation to systems of knowledge. Foucault introduced the concept of *biopolitics* to describe how persons become subjects to outside authorities who analyze, categorize, and then discipline our bodies, based on identity labels. “The ultimate expression of sovereignty is to exercise control over mortality and to define life as the deployment and manifestation of power” (Foucault, 1997, 213–34). Modern society is one of identified, codified, and disciplined selves, subject to biopower: that domain of life over which power has taken control (Foucault, 1997, 213–34). Foucault was interested in how people are disciplined and organized as a result of the identities they carry.

Generally speaking, all the authorities exercising individual control function according to a double mode; that of binary division and branding (mad/sane; dangerous/harmless; normal/abnormal); and that of coercive assignment of differential distribution (who he is; where he must be; how he is to be characterized; how he is to be recognized; how a constant surveillance is to be exercised over him in an individual way, etc.) (Foucault, 1977, p.196)

Foucault’s biopolitics refer to the explosion of numerous and diverse techniques for achieving the subjugations of bodies and the control of populations; “The exercise of sovereignty, in turn, consists in society’s capacity for self-creation through recourse to institutions inspired by specific social and imaginary significations” (Mbembe, 2003, p.13). Identity, power and knowledge are tied together in our bodies and everyday lives, through social institutions of family, school, and healthcare.

Recognizing the transgender body as a site of knowledge production and boundary maintenance is a critical transpedagogy. Transgender individuals being seen as authoritative subjects instead of objects of study creates an opportunity to learn more about how transgender individuals navigate, actively participate in and transform worlds, and how they critically

understand their positions in the world (Galarte, 2014). Francisco Galarte re-affirms the need for transgender studies to maintain a critical pedagogical perspective that preserves questions of culture and power, and companionship in knowledge production. Galarte recognizes a key element of our work in transgender studies as shifting the framework available “for understanding, describing, and addressing the multiple and varying vulnerabilities to violence faced by transgender subjects” (2014, P. 147). Foucault’s concept of biopower has been especially fruitful in these discussions (Agamben, 1998; Mbembe, 2008). Instead of considering reason as the truth of the subject, one can look to other foundational categories that are less abstract and more tactile, such as life and death.

Bio-politics thus opens up an eco-philosophical dimension of reflection (Braidotti, 2006) and inaugurates alternative ecologies of belonging both in kinship systems and in forms of social and political participation. I would like to suggest that these ‘hybrid’ social identities and the new modes of multiple belonging they enact may constitute the starting point for mutual and respective accountability, and pave the way for an ethical re-grounding of social participation and community building. (Braidotti, 2007, p.5)

If scientists begin their work from this relational way of seeing, then this changes how they respond to what they learn. As Gilligan outlined in her articulation of ethics of care, relational responsibility to respond should be core to guiding action (1987). Nortvedt extends this ethics of care, which stipulates contextual response, to inform obligations of healthcare. To leave behind objects and subjects that cannot be changed for contingent “becoming with” places researchers in the world. It brings science and ethics back together; now scientists must ask, ‘Who is coming into this relation? And who is leaving?’ (Haraway, 2008). There is a relational responsibility in the connection. Canadian healthcare policy makers and some healthcare practitioners have limited transgender individuals’ capacity for collaborative co-creation through restricting acceptance into institutions only to those who promise to live within the received constituted

norms of the political space.

## **2.2 Transgender Studies**

Postmodernism challenges the ideology that science is always progressive and that the methodological practice of decontextualizing the “object” of study by eliminating variables alone provides access to ‘truth’. This critique of science is poignant when looking at the history of pathologization of transgender identities. Official diagnostic criteria of who transsexuals were, was seen as necessary to determine acceptance into care. Transsexual is a diagnostic, medical term. Having to audition for care is influenced by a health care agenda infused with principles of neoliberalism, where government support and collective responsibility has been cut through fiscal coercion. The test for gender dysphoria needed to be scientific, repeatable, and “objective.” The subject voicing their experience was not an acceptable standard. Research could not find a plausible test of transsexuality. No simple and unambiguous test for “gender dysphoria syndrome,” as described in the DSM could be developed (Fisk, Laub, Gandy, 1973). Transgender people began challenging so-called professional knowledge by telling their own stories with all their paradoxes, complexities, and challenges in order to survive the binarized systems of understanding to which all westerners are subject.

**2.2.1 Whose Story is it Anyway?** A foundational text in transgender studies is Sandy Stone’s work ‘The ‘Empire’ Strikes Back - Posttranssexual Manifesto’ released in 1991. Stone was Donna Haraway’s graduate student. She traces the creation of the pathological transgender identity. Taking seriously Haraway’s statement that, “Who cyborgs will be is a radical question; the answers are a matter of survival” (1985, p.106), Stone sees proof of the

matter of survival in the history of the experiences of transgender people. Sandy Stone's work challenges the naturalization of western thought, and its authority of truth by exploring the influences of social power in the creation of transsexual identities as pathological.

Stone found that the very intelligibility (or unintelligibility) of transgender individuals is structured by professional texts (Stone, 1991). The possibilities of embodiment and identity have been structured by texts written by doctors who control access to healthcare and technologies of embodiment. Doctors are known as 'Gatekeepers' to transgender people. The only acceptable narrative was the mind/body binary-reaffirming the 'trapped in the wrong body' story. In this narrative, individuals spend their lives trapped in the wrong bodies, at some point they decide to transition, seamlessly transition, and then hide within another gender. The standard manuals of transsexualism guide both doctors and people wishing to transition on how to act. Doctors read them to understand who transgender people are, how they act, and feel, and how to treat them. At the same time, transgender people are reading standard manuals to understand what doctors expect of them in order to be granted access to what is often life-saving care (Fisk, Laub, Gandy, 1973).

In recent years, improvements have been made to standard manuals of care, but the actual experiences of transgender people trying to become embodied as they desire are still a matter of life and death. While the standards of care have improved in the last few years, many social, governmental, and medical policies still act as gatekeepers to care. Health care policies in Canada have been increasingly influenced by neoliberal reform agenda (McDaniel & Chappell 1999; Armstrong, Armstrong, & Coburn, D. 2001; McGregor, 2001).

Neoliberalism functions around three core principles: individualism, the free market, and



decentralization, which are expressed by cost cutting for efficiency, decentralizing funding and decision making to the regional rather than the national levels, and setting health care up as a private good for sale, rather than a public good paid for with tax dollars (McDaniel, S. & Chappell, 1999; McGregor, 2001). McGregor says that the government has a social responsibility to the health care system based on the principle of collective responsibility (2001). Principles of individualism and free markets within neoliberalism recreate class stratification and inequalities (Coburn, 2004; 2000). Participation and proof that transgender individuals can be good neoliberal subjects by emphasizing the normative potentials of transgender life has been a strategy some use to counter marginalizing effects of pathologization (Irving, 2008, p.54). However, discourses that focus on earning social citizenship through proof of economic contribution and viability do not critique the shift away from seeing governments as relationally responsible to citizen's wellbeing: "instead, good citizens are defined as those who can contribute to their nation's advancement in the global political economy, related closely to dominant notion of the deserving citizen" (Irving, 2008, p.52). Aren Aizura asserts that "citizenship here means fading into the population ... but also the imperative to be 'proper' in the eyes of the state: to reproduce, to find proper employment, to reorient one's 'different' body into the flow of the nationalized aspiration for possessions, property, [and] wealth" (2006, p. 295). A deserving citizen is one who does not threaten dominant discourses: "the rhetoric accompanying these quests for inclusion often focus on deserving workers, often people whose other characteristics (race, ability, education, class) would have entitled them to a good chance in the workforce were it not for the allegedly illegitimate exclusion that happened" (Spade, 2009, p.362). Neoliberal health care agendas do

not align with principles from feminist ethics of care, cultural competencies, or transgender and science studies that prioritize relational responsibility.

Stone asks in response to the history of transsexual identity, “Whose story is it anyways?” Doctors have ventriloquized their ideas about gender through people they have asked to perform as transsexual mouthpieces (Stone, 1991). Of course, the stakes were high when such performance requests were enacted. The acceptable transsexual narrative has story elements of: before/after, being trapped in the wrong body, and being ‘born’ a new person through surgeries. The narratives of male-to-female transsexuals could treat identification as a woman only through objectification. In these early narratives, individuals were required to recount experiences that stereotypically constituted an imaginary woman’s experience such as a dislike of rough and tumble play with boys, a desire to be pretty and delicate, and identity formation around heterosexual romantic crushes. These traditional narratives are “about morality tales and origin myths, about telling the ‘truth’ of gender.” (Stone, 1991, p. 284). The dichotomous structure of gender is unharmed in the ‘before/after’ style of such narratives.

Where did this traditional narrative come from? Whose story is it anyway? An important, influential source can be found in the work of Harry Benjamin, a pioneering doctor who treated transgender people and wrote ‘Transsexualism and transvestism as psychosomatic and somato-psychic syndromes’ in 1954. This manual became the first guiding text for the care of transgender individuals. Some of the first non-academic gender clinics gave surgery on demand, without the patients having to prove the appropriateness of the gender of choice. However, in the 1960s, when academic gender dysphoria clinics opened, they became more cautious of the professional risks involved in performing surgery on individuals who

could be ‘sociopaths.’ Final decisions about the eligibility of a person for the care of the clinic were reached on an individual basis by clinic staff who judged the ‘appropriateness of the individual to their gender of choice.’ Transgender people were evaluated for access to care based on their ability to perform their gender of choice: “The criteria constituted a fully acculturated, consensual definition of gender, and at the site of their enactment we can locate an actual instance of the apparatus of production of gender” (Stone, 1991, p. 228).

Furthermore, Benjamin’s concern that his transsexual patients successfully integrate into society by properly displaying their new gender shaped the practices of grooming clinics for transsexual people. These academic groups went on to create grooming clinics to teach their patients what they considered to be “proper” gender roles.

By examining the diagnostic criteria in Transsexualism and Transvestism as Psycho-Somatic and Somato-Psychic Syndrome, it becomes very clear that the characteristics identified by Benjamin as the only acceptable forms of transsexuality (determining who would be granted access to hormone and surgical care) are those that fit into the binary categories that came to structure initial transgender narratives. Did the professional texts perfectly capture the experience of transgender identity? Or did individuals in desperate need of care recite the only story that would grant them access to lifesaving care? It took years for researchers to figure out that it was more the latter; transgender people knew what doctors expected to hear, and they said what needed to be said in order to access care (Fisk, Laub, Gandy. 1973, p. 8-9 *passim*).

In the ‘Posttranssexual Manifesto,’ Stone called for the ‘queering’ of transsexual narratives. Stone was tired of hearing the stories of transgender people disappearing and passing into “normal” society. She was tired of becoming invisible, of having to reject our

histories in order to “pass,” or be regarded by the people around us as cisgender. She called for more complex narratives, partial and fluid identities, contradictory standpoints. She called for thick, knotted narratives and identities.

**2.2.2 Our Stories - Gender Outlaws.** Kate Bornstein is a gender outlaw. Her autobiography, *Gender Outlaw - On Men, Women, and the Rest of Us (1994)*, is a postmodern analysis of gender identity, now considered a foundational text in the field of transgender studies. In it, she challenges the binaries – those supposed oppositions between male/female, before/after, and natural/unnatural - that have generally and persistently structured writing about transgender people, including standard manuals of transsexualism, that have guided both people wishing to transition and the medical professionals who treat and advise them. Bornstein’s engaging, honest, and critical narrative about her life as a transgender person who refuses to make her transgender identity invisible speaks to the lived and fluid experience of gender and the body.

The release of Bornstein’s narrative marks one of the first transgender narratives to break with the gender binary approach found in literature pertaining to (and influencing) transgender experiences of care. Coming of age in the 1950s, Bornstein read about transgender people in medical texts, tabloids, and transsexual pornography novels because that was all that was available at the time. Bornstein wanted her book to enable the conversation she was never able to have growing up, “These studies conducted by the duly-appointed representatives of the culture were still done on the basis of observations, not conversation. I want this book to be the conversation I always wanted as I was growing up, and never had the chance to have.” (1994, p.12). Kate’s narrative talks about the binaries

structuring gender and naturalness: “The first question we usually ask new parents is: ‘Is it a boy or a girl?’ There is a great answer to that one going around: ‘We don’t know; it hasn’t told us yet.’ Personally, I think no question containing ‘either/or’ deserves a serious answer, and that includes the question of gender” (1994, p. 46). She wants people to question gender as a result of reading her book.

Bornstein’s narrative is an answer to Sandy Stone’s call in ‘The ‘Empire’ Strikes Back - Posttranssexual Manifesto,’ published three years prior to Bornstein’s autobiography, for queer transgender narratives. Bornstein’s book is one of the first narratives to challenge and disrupt the traditional received transgender narrative. The very structure of Bornstein’s book challenges traditional genres. She breaks up the text on the page into scattered boxes. This style is a reflection of Bornstein’s postmodern methods of disrupting traditional knowledge production, by juxtaposing multiple informational elements on the page, so that the reader is not subject to a single story line.

The normative narratives of male-to-female transsexuals treat identification as a woman only through objectification. It is only through being on display for men - being pretty and delicate - that transgender people are encouraged to identify with being a woman in these texts. Christine Jorgensen's story is the epitome of this traditional narrative. Christine became famous in the 1950s when she publicly shared her transition with the media. In 1953, American Weekly published Christine's five-part narrative, 'The Story of My Life.' Christine tells her story of being an unhappy boy, "I hated boys' suits and I hated boys for their rough-and-tumble games, which I never joined..." (1953, Feb 15, p.7). In her twenties, Christine traveled to Europe to be in the care of doctors pioneering transgender procedures. The theme

of being born new, emerging from being trapped in the wrong body is clear, "Every waking hour seemed to be filled with a dazzling newness for me because my miserable masquerade of 26 years was ended. I, Christine, who had been closed within myself had emerged at last from my heartbreaking and empty past to find a new life and a new understanding" (1953, Feb 15, p.11). Christine's story of transition from an All-American soldier to a Hollywood beauty is the simplistic binary narrative doctors demanded. Christine experienced attraction to men, "I knew I loved Tom, not as a buddy, but as a woman loves a man..." But she never describes herself as sexual, "I was distressed that my physical system and my emotions were, even at this time, becoming attuned to feminine reactions. Another overwhelming secret had been added to my burden, yet I never wrote Tom about it" (1953, Feb 22, p. 5). The 'proper' transsexual "passes directly from one pole of sexual experience to the other. Any intervening space in the continuum of sexuality is invisible. Nobody ever mentions wringing the turkey's neck" (Stone, 1991, p. 227). In these traditional narratives transsexual identity is made unthreatening. Transsexuals are not sexual; they are treated as disconnected from their bodies.

Bornstein and Stone's analysis of transsexual histories both feature Harry Benjamin. Benjamin was a compassionate, ground-breaking doctor who was deeply concerned about the wellbeing of transgender patients, whom he described as "truly the victims of their genetic constitution, step-children of medical science, often crucified by the ignorance and indifference of society and persecuted by antiquated laws and by legal interpretations that completely lack in wisdom and realism" (1954, p.50). His 1954 manual became the guiding text for the care of transgender individuals. For individuals who met his criteria of transsexualism, he argued that therapy was a waste of time and could not cure the condition.

However, his standards of care and writings on who transgender people are paternalistic: “In weighing the indication for the operation, another factor should be considered, namely the physical and especially facial characteristics of the patient. A feminine habitus, as it existed for instance in Christine Jorgensen, increases the chances of a successful outcome” (Benjamin, 1954, p. 51). The Harry Benjamin International Gender Dysphoria Association has been described as “the old-guard” of professional organizations (Stryker, 2006, p.6). The consequences of this gender conditioning remain today. For example, the requirement that transgender individuals have their gender dysphoria proven scientifically, rather than simply attested to, remains a problematic remnant of Benjamin’s work.

For the purposes of diagnosis, Benjamin created a taxonomy of transgender identities, attempting to distinguish transgender people from other sexual intermediates. One of the major diagnostic criteria was the individual’s relationship to their genitals. He writes that, “In transvestism [cross-dressing, in today’s terms] the sex organs are sources of pleasure; in transsexualism they are sources of disgust. That seems to me a cardinal distinction and perhaps the principal differential diagnostic sign” (1954, p.46). He also says that transsexuals “only live for the day when his hated sex organs can be removed, organs which to him are nothing but a dreadful deformity” (1954, p. 46). For a transgender person to indicate that they are content with their sexual organs is to break the main distinguishing characteristic of transsexual identity. This standard disregards the very realistic concerns that transgender individuals may have about genital surgeries. Two areas are of concern for some transgender individuals when considering genital reconstruction surgeries are function and pleasure: sexual reconstruction surgeries sterilize the subject, and sexual reconstruction surgeries also pose

major risk to sexual pleasure. For female-to-male transsexuals especially, the results of genital surgeries are problematic. Satisfactory form, function, and pleasure of the constructed penis cannot yet be achieved.

Bornstein's narrative provides a stark and intentional contrast to the expected normative version. Bornstein rejects having to lie about her identity; she refuses to think of herself within binaries; "This therapeutic lie is one reason we haven't been saying too much about ourselves and our lives and our experience of gender; we're not allowed, in therapy, the right to think of ourselves as transsexual." Bornstein is asked questions such as "Do you feel like a woman now? Did you ever feel like a man?" and "How did you know what a woman would feel like?" (1994, p. 24). These questions stem from the assumed belief that gender identity is 'natural'; that someone can feel 'like a man,' or 'like a woman.' Bornstein answers these questions in a way that does not reinforce the idea of essentialist gender stereotypes; "I've no idea what 'a woman' feels like. I never did feel like a girl or a woman; rather, it was my unshakable conviction that I was not a boy or a man. It was the absence of a feeling, rather than its presence, that convinced me to change my gender" (1994, p. 24). And yet, the requirements to be accepted into care and to have an intelligible identity are to prove not only that you feel like a woman, but that you will be a good woman.

Staying within western gender binaries – even if it meant deception, fraud, or misrepresentation – was absolutely necessary for access to care. To identify with a 'third' concept, outside of the approved gender binary, has meant losing access to care. "The concept of the 'third' is the concept of the outlaw, who subscribes to a dynamic of change, outside any given dichotomy" (Bornstein, 1994, p.97). It has not been enough for transgender people to



prove they experience gender ‘dysphoria.’ In order to receive care they must accept the ‘cure’ offered to them. The ‘cure’ is silently assimilating into gender binaries. Accepting this means seeing oneself as sick, and deception is a handy and proper cure for it.

We're taught that we are literally sick, that we have an illness that can be diagnosed and maybe cured. ... Transsexuals presenting themselves for therapy in this culture are channeled through a system which labels them as having a disease (transsexuality) for which the therapy is to lie, hide, or otherwise remain silent. (Bornstein, 1994, p.62)

Bornstein recounts being told by counselors and other transgender people that she would need to make up stories of her girl childhood; that she would have to say things like “when I was a little girl...” But this does not correspond with the step toward self-acknowledgement that Bornstein views in recognizing her transsexual identity: “I never was a little girl. I'd lied all my life trying to be the boy, the man that I'd known myself not to be. Here I was, taking a giant step toward personal integrity by entering therapy with the truth and self-acknowledgment that I was a transsexual, and I was told, ‘Don't tell anyone’” (1994, p. 62).

**2.2.2.2 Impact of Our Stories.** Since Bornstein’s narrative, and the growing work within transgender studies, there has been a shift to extend care and intelligibility to queer transgender bodies. This can be seen in the evolution of how transgender individuals have been diagnosed in the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders (DSM). In the DSM-4, published in 1994 (the same year as Bornstein’s book) the diagnosis given was ‘Gender Identity Disorder.’ There were two criterion required to make a diagnosis. They were: “a strong and persistent cross-gender identification, which is the desire to be, or the insistence that one is, of the other sex,” and “... evidence of persistent discomfort about one’s assigned sex or a sense of inappropriateness in the gender role of that

sex.” These desires must not merely be the desire for perceived cultural advantages of being the other sex (American Psychiatric Association, DSM-4, 1994, p. 577). These diagnostic criteria maintain binary categories. In 2013, the fifth version of the DSM was released. In an effort to avoid stigma and ensure care for transgender people, the diagnoses given is ‘Gender Dysphoria.’ The critical element being diagnosed is not the person whose gender identity, expression or behaviour is different from their assigned sex at birth. What is being diagnosed is the presence of clinically significant distress associated with the condition (American Psychiatric Association, DSM-5, 2013). Recognizing gender fluidity is not something that emerged from diagnostic manuals. It has been part of recorded human experience for centuries, and provides a big step away from the pathologization of transgender identity. Bornstein's binary breaking narrative was heard and listened to by some of the Gatekeepers. Bornstein's work has helped to de-pathologize transgender identity.

**2.2.3 Our Stories - Listening to Monsters.** In 1994, Susan Stryker released ‘My Words to Victor Frankenstein. Above the Village of Chamounix - Performing Transgender Rage.’ This piece embraces postmodern representational methods. Originally a performance piece, the article is fashioned into a monologue from the perspective of Victor Frankenstein’s Monster. The work explores the binary of creator versus created. Stryker’s piece travels the history of transsexual pathologization to identify the origin of the ‘monster’s’ monstrosity: “As we rise up from the operating tables of our rebirth, we transsexuals are something more, and something other, than the creatures our makers intended us to be” (Stryker, 1994, p. 87). Stryker feels an affinity as a transsexual woman to the monster in Mary Shelley’s *Frankenstein*.

Like the monster, I am too often perceived as less than fully human due to the means of my embodiment; like the monster's as well, my exclusion from human community fuels a deep and abiding rage in me that I, like the monster, direct against the conditions in which I must struggle to exist. (Stryker, 1994, p. 84)

Stryker is not the first to link Frankenstein's monster and the transsexual body. The transsexual body has a history of being marked as monstrous within western society. In 1979 Janice Raymond, a radical feminist scholar who feared gender variability, wrote in her book *The Transsexual Empire* (which is referenced in Sandy Stone's *The Empire Strikes Back: A Posttranssexual Manifesto*): "the issue of transsexualism has profound political and moral ramifications; transsexualism itself is a deeply moral question rather than a medical-technical answer. I contend that the problem of transsexualism would best be served by morally mandating it out of existence" (p. 178). In Raymond's statement, Stryker hears the echoes of the scientist Victor Frankenstein's feelings towards the monster: "Begone, vile insect, or rather, stay, that I may trample you to dust. You reproach me with your creation." The monstrous other tells us about what constitutes acceptable humanness; the created affects the creator.

Transsexuals challenge binary categories, revealing them as socially created and maintained. The regime of "truth" that created the transsexual subject was scientific knowledge production, conducted by authoritative medical doctors: "The transsexual body is an unnatural body. It is the product of medical science. It is a technological construction. It is flesh torn apart and sewn together again in a shape other than that in which it was born" (Stryker, 1994, p.84). Doctors had authority to name what transsexuality was, but not over transsexual people themselves.

Andrew Sharpe identifies the transsexual body, in terms of Foucault's definition of

monstrosity, as “a double breach of law and nature” (2009, p. 88). The hybrid body defies human ideas of a fixed binary nature, the visibility of its monstrosity defies the “unwritten law of invisibility which demands that the ‘unnatural,’ the abnormal, has to hide or be destroyed, else it threatens the ‘natural’ order” (Wagner, 2015, p.343). Sharpe traces the root of the word to understand its meaning. “Monster is rooted in the word ‘Monstrade’ to show off, a warning to others. ... In ‘Monere’ to warn. ... In ‘Monstrare’ to show forth or demonstrate. ... In ‘Moster’ which means visibly wrong, wrongness as a warning to others (Sharpe, 2009, p.385). This etymology of the word reveals the monster to be a warning, a threat to be shown off in order to keep the viewer in line. The monstrous become a warning about the importance to take care of not being visibly wrong, of becoming socially ‘other.’

A monster is a ‘bad’ body, it is created by humans and therefore seen as unnatural.

A creature, after all, in the dominant tradition of Western European culture, is nothing other than a created being, a made thing. The affront you humans take at being called a “creature” results from the threat the term poses to your status as “lords of creation,” beings elevated above mere material existence. (Stryker, 1994, p.86)

Identity is never autonomous; rather it is constituted in and through relations with others and with a social world. Stryker’s monologue points to the intersubjective character of corporeal inscription and of the process of (un)becoming other. Rosi Braidotti, a post-humanist scholar, studies the discourses around normal human bodies and subjectivities, “the monstrous other is both liminal and structurally central to our perception of normal human subjectivity” (Lykke and Braidotti, 1996, p.141). The monster has been a fruitful site for thinking about the experience of transsexuals of being made ‘other’ in construction of categories of ‘us’ and ‘them’.

The monster in transgender studies emerges as a figure, which supports critical ways to

discuss sites of agency and origin narratives by adopting a queer and complex relationship to nature and language. In the worlds of technoscience, questions about agency and authority must be asked. Like Frankenstein, transsexuals can look upon and find the creation of our identities as monstrously written in the hand of those who created us:

I can describe how I acquired a monstrous identity by taking on the label “transsexual” to name parts of myself that I could not otherwise explain. I, too, have discovered the journals of the men who made my body, and who have made the bodies of creatures like me since the 1930s. I know in intimate details the history of this recent medical intervention into the enactment of transgendered subjectivity; science seeks to contain and colonize the radical threat posed by a particular transgender strategy of resistance to the coerciveness of gender: physical alteration of the genitals. I live daily with the consequences of medicine’s definition of my identity as an emotional disorder. Through the filter of this official pathologization, the sounds that come out of my mouth can be summarily dismissed as the confused ranting of a diseased mind. (Stryker, 1994, p. 88-89)

In the science of transgender identity, we were not even considered credible witnesses to a subjectively felt identity. And even after the enactment of transgender subjectivity through physical embodiment techniques, transgender people are still denied authority because we are seen as created and monstrous objects of study.

As in the case of being called “it,” being called a “creature” suggests the lack or loss of a superior personhood. I find no shame, however, in acknowledging my egalitarian relationship with non-human material Being; everything emerges from the same matrix of possibilities. (Stryker, 1994, p.86)

Here, as a transsexual woman, Susan Stryker refuses to be shamed by the rejection of, and rejection from, the fantasy of human exceptionalism. The monster, the created, ‘it’ threatens the fantasy of human exceptionalism that scientists hold marks them as authority and creators. The promises of what monstrous figures can show us about the creation and structure of the world are embraced in transgender studies to ‘restructure the world in such a way that it

makes livable what is now deemed monstrous gender.’ (Koch-Rein, 2014, p. 135) These are the ‘regenerative politics of inappropriate’d others’, the “promises of monsters” (Haraway, 1992). Attempts to maintain the illusion of naturalization reveal just how constructed and trepidatiously maintained the natural order is.

Taking the relationship as the smallest possible unit of analysis facilitates thinking of how we became, and are becoming, in relation to others. Creating the transsexual subject/object is always about maintaining the cisgender subject. Knowledge production about transgender people is always doubly an exploration of boundary making in the scientific production of ‘normative’ or ‘natural’ categories, “Ethics is not a geometrical calculation; "others" are never very far from "us"; "they" and "we" are co-constituted and entangled through the very cuts "we" help to enact. Cuts cut "things" together and apart. Cuts are not enacted from the outside, nor are they ever enacted once and for all.” (Barad, 2007, p.178-9). Knowledge production created about but without transgender people is also invested in the maintenance of cisgender, heteronormative categories.

The body and self are created and maintained in the border politics. Binary border politics restrain our understanding of self, our relationships to others and the environment. Creating false understandings of what is natural, changeable, normal, or pathological. Breaking down the false dichotomies allows for an understanding of transgender identity development as an intertwined, continuous process of biological and social processes of creation. Either/or understanding of persons is detrimental to a comprehensive knowledge of self. Transgender individuals are sites where these paradoxes and contradictions are very clear. Binary systems are unable to explain properly the development of self. Unsettling

historical and contextually specific knowledges that shape normative gender and life trajectories opens up the opportunity to imagine new life narratives, and alternative relations to space and time.

### **2.3 Gender, Body, and Self**

Phenomenology is the study of our subjective experiences of everyday worlds: how the world appears, the categories organizing perceptions, and the ways understandings shape our worlds. Phenomenological conceptions of the body have proven to be very useful within transgender studies, because they incorporate more than the body's mere materiality (Butler, 1993; Rubin, 1998; Sullivan, 2006). Phenomenological conceptions of self open space for acknowledging non-normative understandings of being, such as those de Sousa Santos recognizes on 'the other side of the line,' which have been excluded from knowledge making. He writes: "The social construction of such a subjectivity must entail experimenting with eccentric or marginal forms of sociability or subjectivity inside and outside western modernity, those forms that have refused to be defined according to abyssal criteria" (2007, p.77). Phenomenological conceptions of the self incorporate how one feels, senses and inhabits one's body, "The clinamen does not refuse the past; on the contrary, it assumes and redeems the past by the way it swerves from it. Its potential for postabyssal thinking lies in its capacity to cross the abyssal lines" (de Sousa Santos, 2007, p.77). The body is vital and essential to understanding subjectivity; the body as "something that I am allows an understanding of the body as defined and constituted by what I feel and not simply what others see." (Salamon, 2014, p. 154). The question of being is one that transgender individuals have grappled with in a unique way. The material realities inhabited, the

restraining and reproductive social relations negotiated are not distractions from discovering a ‘true self,’ whatever that may be.

**2.3.1 Elements of Gender.** Recent explorations of the components of gender recognize the numerous aspects of being that shape our experiences of it. The Gender Identity Research and Education Society (GIRES) is an organization of transgender and non-transgender individuals who utilize evidence from lived experiences, combined with scientific research into gender identity development, to educate all those who are able to improve transgender individuals’ wellbeing. The elements of gender explored by GIRES in their educational terminology resources include: gender identity, sex, gender role, gender variance, gender nonconformity, gender dysphoria (GIRES, 2015). GIRES defines gender identity as the psychological identification of one’s gender, and sex refers to the male/female/intersex physical development or phenotype. (GIRES, 2015, p1).

The elements of gender experience explored by GIRES align and overlap with the components Benestad’s framework of gender. Benestad uses gender-neutral pronouns in a framework that explores deeply and expands on the components of gender. Benestad’s exploration includes more of the “invisible” gender elements; their illumination of the connections between gender identity, body consciousness, somatic sex, and reproductive sex was especially useful in this project. Gender role is included along with body image and talents of attraction, a term they utilize to express gendered behavior or gender expression. But role is not much focused on within Benestad’s work. This is no fault or weakness in Benestad’s framework of gender components; a deep sociological exploration of social gender was not the focus of their works (2009; 2010). A deeper exploration of the



connections between and experiences of social gender and the elements highlighted in Benestad's framework - somatic gender, body consciousness, and gender identity - is an area where this project makes significant contributions.

Benestad operates on what is called a 'Transpositive' therapeutic method (Raj, 2002), which positions transgender experience along a spectrum of experiences of gender, and illuminates its diverse and complex components. This transpositive method is in line with Susan Stryker's postmodern understanding of transgender identity, and is opposed to the historical pathologization of transgender identities that evolved under the transsexual medicalized method. The transsexual pathologization model functions as though transgender identities are an illness and need to be changed or treated, whereas the transpositive method identifies transgender identities as a matter of diversity, not pathology, and therefore demonstrates that societal understandings of gender should be expanded to include transgender identities.

Benestad deconstructs binary understandings of gender and sex, and then reconstructs them in a more complex and accurate way by recognizing various components, as follows:

(1) somatic sex (biological sex is already deconstructed by linking *transtalents* to biology; somatic sex refers to a body that may contain any gender or genders); (2) reproductive sex; (3) gender identity; (4) body consciousness; (5) body image; gender role; talents of attraction. (Benestad, 2009, p. 211)

Benestad agrees with the GIRES that *transtalents* have a neurobiological basis for gendered behavior. This hypothesis suggests that the development of transsexualism may have psychoneuroendocrinological links (GIRES, 2006); "although the exact mechanism is incompletely understood, it is hypothesised that an atypical hormone environment at a critical time in the organisation of the fetal brain may be associated with an inconsistent gender

outcome” (GIREs, 2006, p.36; Kruijver, 2004). Through their own clinical experience Benestad gained insights as to how transgender talents combined with other factors, “can influence individuals into a plethora of diversity in perception, performance and expression. I have come to see people of unusual gender to be a non-uniform group” (2010, p.226). These seven elements of gender can combine into identities much more complex than received binary understandings. In order to construct what bodies can be said to mean, in order to understand our relations, one must know something of the cultural gaze that fixes upon them. Individuals rely upon ourselves and other members of our speech community to use a common language to compare our embodiment to cultural normative understandings of bodies.

**2.3.2. How Much Does it Cost to Tell the Truth?** Under contemporary gender regimes in Canada, it is necessary for transgender individuals to formulate an identity that is intelligible to the people who hold the keys of access to embodiment technologies. Social individuals experience binary structured gender protocols all the time, and are expected to respond to them to successfully to complete every day, normalized interactions. That means being understood within a system that functions on received normative concepts of gender, sexuality, and sex, which operate in binaries of masculine and feminine, homosexual and heterosexual, female and male.

Foucault asked a question that rings true to the experience of transgender people formulating such an intelligible normative narrative - How much does it cost to tell the truth?

How does it happen that the human subject makes himself into an object of possible knowledge, through what forms of rationality, through what historical necessities, and at what prices? My question is this: how much does it cost the subject to be able to

tell the truth about itself? (Foucault, quoted in Lotringer, 1989:245)

How much does it cost transgender individuals to tell the narrow truths doctors and the state regulators demand to hear? How much does it cost transgender individuals to express our narratives in the forms and words rendered comfortable through processes of social construction to the listener, but not to ourselves? One way to understand this tremendous cost is through Althusser's notion of interpellation and Butler's recognition of its failures.

Interpellation speaks to the event of an individual being hailed by a system, and thereby becoming a subject to it; "Interpellation is the constitutive process where individuals acknowledge and respond to ideologies, thereby recognizing themselves as subjects" (Althusser, 1972). In theoretically deconstructing the power models supported by gender and other binaries, Butler explored this process of interpellation and self-definition or systems compliance further. Incorporating how one feels in our body as it is being called on as a subject links into to the subjective experience of self which is always tangled in the social. It 'feels' like something definitive to recognize that someone or some system is hailing you - even if the particular details of that hailing are not accurate for you. It feels like something interpretive to recognize a hail as a hail. It feels like something specific to inhabit a body you recognize as being hailed by bodily discourses, not meeting them, and then talking back about it. Butler refers to seeing how those hailings structure our everyday encounters, then turning away from those systems as a failure of interpellation (Butler, 1993).

Such possibility would require a different kind of turn, one that, enabled by law, turns away from the law, resisting its lure of identity, an agency that outruns and counters the conditions of its emergence. ... Such a failure of interpellation may well undermine the capacity of the subject to "be" in a self-identical sense, but it may also mark the path toward a more open, even more ethical, kind of being, one of or for the

future. (Butler, 1997, p.130-31)

These failures of interpellation can be an opening toward the opportunity to collaborate on establishing different ways of being and recognizing each other. Resisting the lure of an easily intelligible binary gender identity, an individual can outrun and counter the conditions of its emergence, by blurring the supposed separate origins and natures of received gender identity formations, queering narrative conditions that order identities, resisting interpellation from speech communities that don't actually recognize you - but at the cost of maintaining an intelligible social self.

In order to conduct responsible research with transgender collaborators, it is important to establish methods that enable resistance to normative interpellations, a practice which opens pathways of non-compliance to all people. Turning away from the binary gender system that operates in and on us, what does one turn toward? Ambiguity. Ambiguity opens inquiry about whether the partner in a given interaction will work and collaborate with and on changing the script.

What cannot be said, or said clearly, in one language or culture may be said, and said clearly, in another language or culture. Acknowledging other kinds of knowledge and other partners in conversation for other kinds of conversation opens the field for infinite discursive and nondiscursive exchanges with unfathomable codifications and horizontalities. (de Sousa Santos, 2015, p.15)

A technique that resists normative interpellations and opens up new discourses can be understood as knowing through the negative. Knowing through the negative is an attempt to clarify experience and language through discernment, gaining knowledge of what one is not, rather than by describing what one is. This negative capability is the ability to tolerate the anxiety of not knowing, rather than imposing ready-made or omnipotent certainties upon an ambiguous situation or emotional challenge, "Negative capability is the strength to tolerate the

emotional turbulence of not-knowing: to forbear imposing false, omnipotent or premature solutions on a problem" (Williams, p. 42, 2010) It is a special formation of the "uncertainty principle" (Bion, 1991, p. 207). To possess negative capability is to face an experience opposed to avoiding it. The experience of knowing through the negative means to know by negation, to speak in terms of what may not be said about the experience.

#### **2.4 Standards of Care: World Professional Association for Transgender Health.**

In the 2011 WPATH standard of care, one can see the first officially recognized instance in which gender-conversion or gender-reparative therapies are criticized as unethical; "Treatment aimed at trying to change a person's gender identity and lived gender expression to become more congruent with sex assigned at birth has been attempted in the past (Gelder & Marks, 1969; Greenson, 1964), yet without success, particularly in the long term (Cohen-Kettenis & Kuiper, 1984; Pauly, 1965). Such treatment is no longer considered ethical" (WPATH, 2011, p.16). Up until 2013, transgender people were diagnosed with 'Gender Identity according to the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association, DSM-4, 1994). The new fifth version of the DSM has made revisions to adjust to shifting perspectives on being transgender. The DSM-5 lists 'Gender Dysphoria' instead. In the old DSM-4, a diagnosis of Gender Identity Disorder focused more on the identity of the person as pathological, rather than the experience of dysphoria. The new DSM-5 emphasizes the importance of distress or dysphoria about the incongruity of one's assigned gender not aligning with their experienced gender in order to achieve a diagnosis. With this new diagnosis, being transgender is not seen as an illness and does not need to be treated. It is the distress of gender dysphoria that is diagnosed and can be treated. The existence of

transgender people as healthy individuals has at last been recognized in the Diagnostic and Standard Manual-5 (2013). This recognition in the DSM-5 comes after the work and announcements by the WPATH to reconcile the harmful pathologization of transgender identities.

In 2011, the seventh version of the standard of care was released by the World Professional Association for Transgender Health. It is a marked improvement from the past versions released beginning in 1979, which corresponded closely to Harry Benjamin's work. In fact, WPATH was formerly the Harry Benjamin International Gender Dysphoria Association, Inc. The WPATH SOC-7 acknowledges the history of pathologization and strict adherence to rigid binaries by transgender individuals in order to access care.

Although Harry Benjamin already acknowledged a spectrum of gender nonconformity (Benjamin, 1966), the initial clinical approach largely focused on identifying who was an appropriate candidate for sex reassignment to facilitate a physical change from male to female or female to male as completely as possible. (WPATH, 2011, p.8)

The consequences of this gender conditioning remain today. For example, the requirement that transgender individuals have their gender dysphoria proven scientifically, rather than simply attested to, remains a problematic remnant of Benjamin's work. It is problematic to expect transgender people to firmly and clearly identify a self that does not exist yet and won't exist until it is brought into existence through relational living in the world. This is especially onerous when that relational living isn't supported until they prove the end result, which will only come into existence in the doing of it. Cisgender doctors setting up standards of audition has been wrong-headed, even if their hearts may occasionally have been in an empathetic place from their own point of view. This was a mistake that the WPATH SOC-7

sought to correct.

The new version explicitly discusses gender nonconformity, the history of pathologization, and the individualized experience of each transgender person. Under a section titled ‘The difference between gender nonconformity and gender dysphoria’ the manual states that “being transsexual, transgender, or gender nonconforming is a matter of diversity, not pathology” (WPATH, 2011, p.4). Furthermore, it states that “the expression of gender characteristics, including identities, that are not stereotypically associated with one’s assigned sex at birth is a common and culturally diverse human phenomenon that should not be judged as inherently pathological or negative” (WPATH Board of Directors, 2010).

Successfully reconciling the medically necessary transition related care that some transgender individuals need within a healthcare system that does not pathologize transgender identities and individuals is necessary. The WPATH standard of care works to reconcile the relationship transgender individuals have with healthcare systems that have historically pathologized them by presenting principles of care that respect transgender identities as normal representations of gender diversity and endorsing procedures for accessing care that don’t reinforce conditioning of narrow, binary understandings of gender. This is the type of acknowledgement that Sandy Stone and Kate Bornstein’s work demanded, and it is explicitly acknowledged in the new WPATH SOC:

As a generation of transsexual, transgender, and gender-nonconforming individuals has come of age—many of whom have benefitted from different therapeutic approaches— they have become more visible as a community and demonstrated considerable diversity in their gender identities, roles, and expressions. Some individuals describe themselves not as gender-nonconforming but as unambiguously cross-sexed (i.e., as a member of the other sex; Bockting, 2008). Other individuals affirm their unique gender identity and no longer consider themselves to be either

male or female (Bornstein, 1994; Kimberly, 1997; Stone, 1991; Warren, 1993).  
(WPATH, 2011, p.9)

Stone and Bornstein's binary-breaking narratives were heard by some of the Gatekeepers, generating significant progress towards depathologizing transgender identity. I conclude that by adopting a theoretical framework that uses science and transgender studies to open a space for more non-normative and less socially compliant practices of knowledge and identity formations, I am making space for methodological approaches that emphasize gender and other binarized power systems as social constructions, which are relationally produced, sustained or disrupted.



### **Chapter 3: Methodology**

I begin this methodology chapter by orientating the project as a research case study. In an effort to support a relationally accountable engagement with socially constructed models of identity formation, I proceed with a reflection on my role as a researcher, including a critical and reflexive examination of the histories and social positions I inherit and inhabit as a researcher. I pay specific attention to my insider/outsider status as a transgender sociologist. This reflection is an aspect of the ethical considerations and procedures that apply to this study. I then move on to a description of the details for data collection in this study - research design, selection and recruitment of research collaborators. I describe the collection and analysis of the two types of data used in my study. The first type of data includes the collected narratives of the transgender research collaborators. The second type of data is drawn from the WPATH-2011 Standards of Care for transgender patients. The third section of the chapter describes the data analysis process and methods. I start with a description of narrative analysis as applied to the data collected from research collaborators and then move on to content analysis as applied in analyzing standards of care. I discuss the process of creating evaluative criteria for establishing and maintaining credibility and verifiability throughout various aspects of the study. I outline the coding methods, notes, and development of themes used to organize the data during analysis.

This research is a case study of transgender identity, ethics of care, and experiences of healthcare in Saskatchewan. Gerring defines the case study as an “intensive study of a single case (or a small set of cases) with an aim to generalize across a larger set of cases of the same general type” (2006, p.65). A case refers to a “spatially delimited phenomenon (a unit) observed”

(Gerring, 2006, p.19). This project contains six cases of transgender individuals' experience of Saskatchewan healthcare. Institutions are complex relational systems, so my basic unit of analysis is a scale of relationality, with a focus on health, education, provincial and national policies, and intergovernmental resources for change. The individuals in this project are recognized as authorities of their knowledge and I view them as research collaborators, not as cases or subjects; "It should be kept in mind that case studies often tackle subjects about which little was previously known or about which existing knowledge is fundamentally flawed" (Gerring, 2006, p.79). The participating transgender individuals will be referred to as 'research collaborators' in order to recognize the invaluable knowledge contributions they provide.

Six transgender research collaborators shared their knowledge of gender and their experiences of accessing care in Saskatchewan. Each individual's collected narrative serves as a case in this research project. The shared knowledges from the research collaborators include temporal variation - they share stories of their life and experiences of transition from the past in their interviews, and in one case I contributed to one collaborator accessing healthcare after nearly a decade of trying. The cases include spatial variation in a bordered capacity. The research collaborators were limited to Saskatchewan residents, but there was variation both within and between cases as to where and which Saskatchewan healthcare representatives they interacted. For example, research collaborators often attended numerous clinics and were referred to doctors in various cities, in their efforts to access culturally competent care. This research project is suitable as a case study because the analysis of collected narratives and standards of care informs something broader than the immediate cases of investigation, "The defining characteristic of the case study is its ability to infer a larger whole from a much smaller part. Yet both retain some importance in the final product." (Gerring, 2006, p.79). The six cases inform and give insight

into the experiences of healthcare transgender individuals in Saskatchewan are having and the research provides answers as to which principles should guide changes in social institutions in Canada toward providing competent, comprehensive transgender care. Saskatchewan becomes my case study for the larger arguments about the ethics and principles of care, which include infusing substantive transgender care into major social institutions in Canada specifically, and the west more generally.

This case study research project does not claim to represent exhaustively every single transgender individuals' experience of Saskatchewan healthcare; nor does this research claim to present every transgender persons' understanding of gender, "No case study (so-called) denies the importance of the case under special focus, and no case study forswears the generalizing impulse altogether" (p.76). What this case study research project does provide, through intensive, in-depth analysis of six transgender individuals' experiences of Saskatchewan healthcare and their understandings of gender, are clear examples of instances where the principles of the Canadian Health Act were not being applied to transgender individuals in Saskatchewan, clear articulation from Saskatchewan transgender individuals about how to improve access and experience of care, and concrete localized knowledges about the socialization of gender and culture in Saskatchewan, with implications beyond the province.

### **3.1 Role of the Researcher**

Research about transgender people done by transgender people is important for knowledge production. Transgender individuals being treated as capable authorities in expressing their identities is significant because, until recently, transgender people were considered pathological and not credible authorities of their own experiences. Not only are views of the past transformed by listening to its processes for constructing exclusions and

oppressions, but our future trajectory is altered as well.

Reflections on methodologies and my role as a researcher with an insider position is important. Reflexivity operates in keeping with the guiding goals of relationality expressed in intersectional feminist ethics of care, as well as transgender and science studies, about how to create a more livable future for everyone, to distribute resources more equally, and to provide practical answers for how people rooted in different knowledge practices can get along together. This can only be done through work in emergent practices, in the “vulnerable, on-the-ground work that cobbles together non-harmonious agencies and ways of living that are accountable both to their disparate inherited histories and to their barely possible but absolutely necessary joint future” (Haraway, 2003, p. 7). I must embrace my significant otherness in larger collectives by inheriting histories and owning responsibility for possible futures. Part of this work means asking, as a researcher: who am I? What truth must I reconcile with? What is the history I must inherit and inhabit in a more conscious way? Transgender experience requires navigating boundaries and experiences of inclusion/exclusion and their import. Insider research also requires navigating boundaries of inclusion and exclusion. I am a transman, an insider researcher, a settler born and raised on Treaty 6 land, white, and enrolled in post-secondary education. I acknowledge that I, along with most everyone at this historical moment, am operating within a colonialist language.

Insider research is now pretty common. Taylor examines the pros and dilemmas of studying one’s friends and intimate relations (2011). Taylor finds that pros of insider position research include: deeper understanding, what’s been called empirical literacy, more rapport and trust, and better lines of communication after leaving the field (2011). Insiders can find their entrée facilitated, increase perceived trustworthiness and contribute to rapport: “The degree of a

scholar's insiderness, or the degree to which scholars manage to overcome their outsiderhood, is believed to determine easy access to informants, reliability of collected data, and the success of the fieldwork" (Ergun, A., Aykan E., 2010, p.18). Strategies and methods of gathering quality research data are still integral to insider research; "Insider research is not faultless, nor should one presume that as an insider, one necessarily offers an absolute or correct way of seeing and/or reading the culture under investigation" (Taylor, 2011, p.6). Moreover, no one is totally in or out, there is no essential insider viewpoint. Wolf also listed the following problems experienced by insiders because of their positionality: 'concealment of information,' 'crossing caste lines,' 'the restricting expectations of others,' and 'overidentification and merging and the resultant lack of privacy' (1996, p. 15). Ergun and Erdemir recognize the possible dilemma for researchers who are insiders in that they might be expected to represent the community [as if it had one view] and to keep its embarrassing secrets (2010, p.18).

Pitman examines the politics of shifting identities in insider/outside research (2002). Positions in the field are dynamic and dialogical. As a white lesbian working on body image issues with people of colour and white LGBT populations, Pitman finds that power dynamics privileged her in the first case, but in second case, power dynamics were intensified. She depicts power not as a hierarchy but as a relation, ever-shifting (2002, p.287). Looking at insider/outsider identities "in settings that are neither unfamiliar nor fully familiar, [i]t is argued that the researcher is often suspended in a betwixt-and-between position in the transformative process" (Ergun, A., Aykan E., 2010, p.16). The transformative research process does not have to lead to entrée/exclusion; it can be dialectical. No one can automatically be predetermined to be one or the other; interacting in the field and its context, plus that specific interaction, inevitably influence our shifting status. I experienced a sudden shifting when an assumption I had about a

research collaborator's access to hormone therapy flipped in the field during our interview I learned that she had not been able to access health care for nearly a decade. This interaction influenced our statuses because it immediately prompted me to own the responsibilities I have to the research collaborator and to our relations.

My commitment to being a companion to my research collaborators created a situation that allowed me to 'test' my hypothesis. I determined that the Saskatoon Community Clinic was orientating their practices by the principles within the WPATH SOC. I connected Julie to the clinic, where she was able to access that care. Results of receiving the hypothesized expression of care - gaining access to culturally competent transgender care - were positive for the research collaborator. After nearly a decade of trying, she finally received affirming healthcare.

As a sociologist, a social scientist, and a transformative scientist, how do I connect with and recognize transgender persons? How do I become sensitive to their experiences of being and learn to notice them? How do I learn about their histories? Narrative scholarship has been recognized as a way of listening to voices and stories that have been silenced in the power dynamics of received social relations. Narrative scholarship has been used widely within sociology, to unpack the depth and breadth of relational practices informing the stories that researchers and research collaborators tell: "Embedded in narrative practices, stories are thick, physical entities. If storytelling is intrinsic to the practice of the life sciences, that is no insult or dismissal. Stories are not 'merely' anything." (Haraway, 1997, p.125). The sharing of rich, thick stories reveals important structures and the constitutive strings of logics and learnings that form the everyday tangle of human understandings of natureculture:

Taken together the claims regarding narrative scholarship argue that the multiple stories which have been buried, silenced, or obscured but the logic-deductive methods of social science have the capacity to undermine the illusion of an objective,

naturalized world which so often sustains inequality and powerlessness. (Ewick and Silbey, 1995, p.199)

Narratives that undermine the fantasy of human exceptionalism and illusions of an objective, naturalized world emerge from and are supported by transgender studies. These include narratives of transgender individuals who challenge and make uncomfortable the normative narratives produced by doctors and scientists. The start of a reflective science is to recognize that one can be transformed in relationship with others. It places the human back into the contingent circle of life. As indicated above, companion as a verb means ‘to consort, to keep company.’ To leave behind objects and subjects that cannot be changed for contingent becomings places scientists in the always already provisionally understood and evolving world.

### **3.2 Data Collection: Semi-structured Interviews**

In order to examine transgender identities and promote a transpositive ethics of care, I conducted six in-depth, semi-structured interviews with six transgender identified Saskatchewan citizens. Interviews were conducted between June and August 2015. Research collaborators were asked open-ended questions about their gender identity, experiences of care and provincial healthcare systems, and their relationships with gender technologies. The objective of the study was to better understand transgender identities and how to provide generous, generative and appropriate care for transgender people. The interview questions can be found in Appendix A. Before interviewing, ethics approval was acquired from the University of Saskatchewan Research Ethics Board.

Research collaborators were interviewed one time for one to two hours. Interviews were held at a location offering privacy as agreed upon by the research collaborator and the

interviewer, where both parties felt safe and comfortable. One of interviews was conducted over video call out of necessity because the research collaborator was at a distance. On average, the length of the interview lasted 65 minutes, with interview length ranging between 45 to 115 minutes. At the beginning and throughout each interview I reminded research collaborators that they could engage in the interview for however long, with the option of ending our discussion at any point for any reason.

The interviews resulted in thorough and in-depth conversations that explored a number of themes and led to unanticipated research directions and new topics. Each interview was audio recorded then transcribed verbatim. I was responsible for the transcription.

Transcription happened during the week following the interview. Beginning with the first transcription, I began to create notes and memos highlighting topics or issues raised in the interview. General categories and themes were formed during this process. Memos and notes were attached while creating the transcript; these notes highlighted connections and disjunctures between experiences research collaborators shared and relevant research within transgender and science studies. During the interviews, if something the research collaborator said reminded me of a piece of work within transgender studies I would share that information. I felt that this was important for the kind of reciprocal research I hoped to practice. I wanted research collaborators to know that what they were sharing was relevant, that other trans people have expressed similar sentiments and that, as a researcher, I viewed them as capable audiences to academic writing. This was also a method of verifying my interpretations of what research collaborators were talking about. By citing a piece of transgender studies work, I was able to validate my interpretation of what research



collaborators were sharing and provide them with an opportunity for further discussion and consultation on my interpretations.

I also tried to provide context or reasoning as to why I asked certain questions or worded them the way I did to the research collaborators, after they answered the questions. I did this to share resources and knowledge on the topic with research collaborators and in an effort to be reciprocal and open about the knowledge and strings of thoughts informing my research. I did this also because those resources helped inform the question or had helped me, as a transgender person, to explore my own answers to those questions. Sharing these sources provided context to the questions, and resources that might be helpful as research collaborators continue to think about particular aspects of their narratives. For example, Eli Clare's exploration of home and queerness in *Exile and Pride - Disability, Queerness and Liberation* helps readers think about the complexity of inheriting and inhabiting our histories, especially when those histories of our homes erase or are violent toward us (2015). Therefore, I provided the title and background of the book to research collaborators and explained how it informed my questions.

Interview transcripts were provided to research collaborators for approval, and they were given the opportunity to make changes or corrections to the transcripts. All the interview transcripts were approved by research collaborators with no edits. Field notes were taken during interviews to encapsulate moments and emotions that may not have been captured in audio and subsequent transcription. The field notes helped me interpret what research collaborators were saying, and were utilized to ask further questions in order to elaborate and reflect more deeply on the topic. A journal of field notes regarding

developments in my own perspectives was kept to track my development as a researcher. Part of my purpose in practicing reflexive science in this way was the recognition that, as a researcher, I was having encounters with research collaborators, and other experiences, that would influence my interpretation processes as a researcher. This field journal was kept to document the development of my perspectives.

**3.2.1 Research Collaborator Recruitment Strategy.** The technique utilized for introduction to prospective research collaborators was purposeful sampling. A total sample size of 5 to 7 research collaborators was called for in the study design. This number was decided upon in advance, as qualitative interviews produce a lot of rich data. I have insider status as a transman within the Saskatchewan transgender community, so I utilized this position to establish contact with research collaborators. Through community involvement and participation in queer events I came into contact with prospective research collaborators who self-disclosed their transgender identities. I was granted ethical approval for my research in June 2015, just before Pride in Saskatoon. I attended Pride events as a way to come into contact with prospective research collaborators. I provided a brief introduction and explanation of my research project, along with an invitation to participate in the study. The voluntary nature of participation meant that research collaborators were willing to share their experiences and agreed to be audio-recorded during the interviews. Additional correspondence through E-mail or digital messaging was used between researcher and prospective research collaborators to schedule interview times.

The questions I am interested in answering during this project involve identity formation in transgender people. In particular, I am interested in their understandings of socially

constructed binaries, gender formation, and quality of care. Thus my research collaborators had to be transgender and/or two-spirit identified. The research collaborators were limited to Saskatchewan residents, as transgender identity is tangled in medical systems, which, in Canada, vary by province. In order to access a diverse range of perspectives, I aimed to recruit research collaborators of different genders, a variety of ages, education levels, racial/ethnic backgrounds, employment statuses, abilities, and length of identification as transgender. The sample was varied in terms of the demographic makeup and backgrounds of research collaborators.

The sample was not restricted in terms of qualifying transition related procedures, stages - 'post' or 'pre', or embodiments of transition. I didn't specify 'pre-' 'post-' trans status because it is problematic language held over from medical categorization. These kinds of qualifiers for transgender people operate on binaries and assume that there is a finish line, or a specific way to transition. These 'pre-' and 'post-' pre-suffixes on transgender people are not ours; they are normative medical and legal forms of language. I resisted using the language of being categorized for others and not for ourselves. Not all transgender people have access to transition related procedures, and not all transgender people want all or any of those procedures. By restricting participation in this research project only to individuals past some arbitrary and imagined mark of transitioning would limit the complex range of identities this study seeks to incorporate. Research collaborators needed only to identify as transgender and to be a resident of Saskatchewan to be included.

### 3.3 Secondary Data Collection: Transgender Standards of Care

I collected publicly accessible standards of care for transgender care, including diagnostic and statistical manuals, scientific, legal, medical and identification policies. The audiences for these documents are usually clinicians and transgender individuals seeking information. The standards of care I chose to use include: Diagnostic and Statistical Manual of Mental Disorders (DSM), International World Professional Association for Transgender Health (WPATH), and local standards of care practiced by the Saskatoon Community Clinic (SCC).

All standards of care were collected from Internet searches. The *Diagnostic and Statistical Manual of Mental Disorders* is publicly available. The fifth version, 2013, of the DSM is the latest edition, which lists transgender care standards under the diagnoses of Gender Dysphoria. In the previous version, DSM-4, transgender people were diagnosed with Gender Identity Disorder. An international transgender standard of care was created by the World Professional Association for Transgender Health (WPATH). The 2011 seventh version of this standard of care was collected online from the WPATH website. The WPATH Standard of care is endorsed by the Canadian Professional Association for Transgender Health (CPATH). No Canadian national standard of care for transgender people exists because of the variation of healthcare systems by province in Canada.

The WPATH guideline for care was selected as the primary document for content analysis because it is the standard of care most commonly endorsed and used by medical professionals and transgender individuals and communities at local, national, and some international levels. In my research process, I met multiple times with numerous

representatives of the Saskatoon Community Clinic (SCC) for updates on their steps toward providing culturally competent transgender care. Since a community member initiated a move to make transgender healthcare more accessible in 2015, the SCC has made transgender care a priority of the clinic and is serving many transgender individuals of Saskatchewan. I met with SCC representatives who were involved in consultations with the LGBTQ community. Dr. Leane Bettin of the SCC trained in WPATH standards and under one of the leading Canadian doctors in transgender health, Dr. Pierre Brassard.

The WPATH content analysis will provide an examination of the professional medical standard of care for transgender people. It will be to this standard of care that the experiences of healthcare by research collaborators in the present study will be compared to determine whether research collaborators' experiences of healthcare to date have met the international, national, and locally recognized standards of care for transgender people.

### **3.4 Data Analysis**

This section continues the discussion of the research methods of narrative and content analysis raised in the previous section and describes the process of data analysis. I start with a description of narrative analysis methodology. I then discuss the process of creating evaluative criteria for establishing and maintaining credibility and verifiability throughout various aspects of the study. I outline the coding methods, notes, and development of themes used to organize the data for analysis.

**3.4.1 Analytical Technique for Interview Data - Narrative Analysis.** The collected interview transcripts were evaluated using the techniques of narrative analysis. Narrative analysis gives authority to the subjectively felt experiences of individuals. It is an approach interested in how people communicate meaning, how their accounts are embedded in

interactions with the researcher, and how narrators make sense of their own experiences in relation to culturally and historically specific contexts. It also examines the ways narrators challenge, draw on, and/or transform those discourses as they share their experiences, identities, and realities. Reissman (2008) breaks narrative analysis down into thematic, structural, and dialogic/performative analysis of data. Thematic analysis consists of coding the collected interview transcripts into developing themes and patterns.

Structural analysis of the collected interviews looks into the ways narratives are structured, based upon which speech communities and languages are used to construct the account. Narrative analysis will therefore be utilized to identify interview themes, which reflect understandings of transgender identity, as well as accounts of the formative experiences and social norms which contribute to these understandings (Reissman, 2008).

**3.4.2 Interpretive Criteria of Narrative Analysis.** The qualitative researcher must be pragmatic, strategic, and self-reflexive: “The interpretive bricoleur understands that research is an interactive process shaped by his or her own personal history, biography, gender, social class, race, and ethnicity, and by those of the people in the setting” (Denzin and Lincoln, 2005, p. 6). Narrative inquirers must also view themselves as narrators. This highlights the intersections of power such as representation, voice, and interpretive authority. Narrative inquiry requires interconnective active listening. It involves hearing, collecting, interpreting, and representing narrative – attending to the narrative within each account before looking for narrative elements across research collaborators’ stories: “Narrative inquiry as a particular type of qualitative inquiry is characterized as an amalgam of interdisciplinary analytic lenses, diverse disciplinary approaches, and both traditional and innovative methods - all revolving around an interest in biographical particulars as narrated by the one who lives them” (Chase, 2005, p. 651). It requires

researchers to analyze the subject position articulated within a given narrative, reflexive interpretive practices, and the recognition of ambiguities and complexities that inform the narrative.

Research collaborators' narratives are shared by presenting excerpts from interview transcripts, followed by interpretation. This reflects how my voice as a researcher is intermingled with those of the other research collaborators in the research. Part of my interpretation of the research collaborators' narratives as a researcher involves asking what and how the research collaborators are communicating. What discourses - which are socially, culturally, politically, and historically informed - are research collaborators calling upon to express their experiences? What taken-for-granted narrative norms are used to construct their stories? I extrapolate and expand on the aspects of culture that narrators' stories bring up: "audiences need to hear not only the narrator's story, but also the researcher's explication of how the narrator's story is constrained by, and strains against, the mediating aspects of culture (and of institutions, organizations, and sometimes the social sciences themselves)" (Chase, 2005, p.80). At the same time, I view my research collaborators as aware of, and agents in, the creation of their narratives and identities in relation to both resistant and hegemonic discourses and related discursive constraints. My job as a researcher is collecting and organizing their discussions about their experiences and thoughts in order to provide a respectful space for sharing information about publicly silenced lives.

The canon of writing on qualitative methodological research methods was helpful in creating a systematic approach to strong reflexivity in my research processes. However, there were instances where the methodological assumptions about how individuals make sense of, and share, their experiences and identities did not fit with the reflectivity and reflexivity that

the transgender individuals within this project showed. For example, Chase comments on narrative inquiry methods, pointing out that most people do not consciously bring analytical terms to everyday narratives:

After all, as narrators work to make sense of their experiences through narration, they do not talk about 'the selves we live by,' 'identity work' 'nonunitary subjectivities,' 'discursive constraints,' or 'hegemonic discourses.' Nor do researchers talk this way as they narrate stories in their everyday lives (Chase, 2005, p.75).

However, there were instances when my research collaborators and I did talk in very deliberate and conscious ways about the kinds of social and cultural landscapes we negotiate in our daily lives. We articulated 'the selves we live by,' the 'discursive constraints' that condition our lives and the kinds of 'hegemonic discourses' we navigate, making visible taken-for-granted practices and structural and cultural features of our everyday worlds.

### **3.4.3 History and Ethics of Interviewing & Narrative Analysis of Transgender**

**Individuals.** Interviewing and narrative analysis must be undertaken with careful attention and conscious awareness to the histories that transgender individuals bring to being interviewed. It is vital to practicing ethical science that 'the interview' for transgender individuals be located and recognized as an interaction historically fraught with oppressive power dynamics, where the interviewer - most often a cisgender doctor/scientist - has had the authority to recognize or not recognize as legitimate and intelligible the identity of the interviewee, and has exercised control over whether they were eligible for care. For transgender individuals, 'the interview' has been an experience of auditioning for care. As a researcher I felt it was important to acknowledge this history, and assure research collaborators that they were not auditioning, and that they were collaborating in the research as a respected authority on their own processes of identity formation. I felt it important to acknowledge the history of pathologizing approaches to research, as it is a framework by which transgender identities are structured. Moments in the



interviews where research collaborators self-identified with a term or an identity were duly noted. Sections of interviews that spoke about identity formation and development were analyzed as to how they structured any narrative about transition.

Interviewing is not a neutral exchange of asking questions and getting answers. An interview is an active process, an exchange that takes place with the involvement of both interviewer and research collaborator. This means recognizing that the interviewer interacts as a person with the interviewees; neutrality is not possible. New empathetic interview approaches acknowledge the value of taking an ethical stance in favour of the group being studied, “The interviewer becomes an advocate and partner in the study, hoping to be able to use the results to advocate social policies and ameliorate the conditions of the interviewee” (Fontana, A., Frey, 2005, p. 117). Developing the interview instrument and process meant paying attention to the voices of research collaborators in relation to me, the interviewer. This means recognizing that my gender, community membership, and any power dynamics in relations with the interviewees would impact the interview.

In the past, transgender identity was categorized as a mental illness. This has meant that transgender people were viewed as incapable or poor subjects for expressing self-knowledge. Much of the research done in the past about transgender identity was done by cisgender doctors and researchers who held unequal power dynamics with the transgender people they studied. New developments in qualitative methodologies make a change from using interviews as “instruments of pathological diagnosis' toward interviews becoming a site committed to empathetic listening and 'a methodology of friendship" (Kong, 2003, p.254). This research project is designed by a transgender person for the transgender community, with a view to repairing transgender sovereignty: “The empathic approach is not merely a 'method of

friendship'; it is a method of morality because it attempts to restore the sacredness of humans before addressing any theoretical or methodological concerns” (Fontana A., Frey., 2005, p.118).

My goals are to be an activist and ally to the transgender community. I believe that transgender people are experts regarding their own identities, and have invaluable self-knowledge to share with implications for everyone. I expressed to the research collaborators that this research project was an opportunity to share their identities, experiences, and narratives without fear of doctors, the medical system, or other ‘gatekeepers’ interfering with their access to transition related services. I advocate for the freedom to identify as queer, transgender, gender non-conforming, third space, Two-Spirit, binary-blurring cyborg - without the threat of having access to care and embodiment technologies withheld. The interview was utilized as a tool and opportunity to share voices often silenced, and to have that knowledge recognized and used to improve quality of care, to understand, and to build connections among and with transgender people.

**3.4.4 Analytical Technique for Standards of Care - Content Analysis.** A systematic reading of the collected standards of care will be completed in this section. This includes a close reading of the texts. Through systematic coding and processes of inference, manifest and latent content informing the standards of care will be discovered. This technique involves examining whether the socio-political positioning of the texts reflects or produces effects that exceed the given contents. Systematic readings of the texts can reveal embedded cultural and historical discourses. A content analysis of the standards of care involves reading and coding for the ideologies, beliefs, and principles within. I tagged text within the WPATH text by first taking tags directly from headings; some of these tags include: *Purpose and Use of the Standards of Care, The Difference Between Gender Nonconformity and Gender Dysphoria, Gender*

*Nonconformity Is Not the Same as Gender Dysphoria, Advancements in the Knowledge and Treatment of Gender Dysphoria, Being Transsexual, Transgender, or Gender-Nonconforming Is a Matter of Diversity, Not Pathology; Epidemiologic Considerations, Therapeutic Approaches for Gender Dysphoria, and Issues of Access to Care.* I tagged content again into categories including history of transsexuality, pathologization, gender diversity, ethics of care, orientation to research, values and validations, and research methods. The content analysis process included reading the WPATH SOC as a whole, multiple times, to ensure the filtered, tagged text was not distorted out of context. The themes and principles that emerged were evaluated for compatibility to cultural competence, the principles of relationality from feminist ethics of care, transgender and science studies.

### **3.5 Establishing Credibility**

Lincoln and Guba describe evaluative criteria for the trustworthiness of a particular inquiry from a non-positivistic paradigm (1985). Trustworthiness is assessed by four categories: credibility, transferability, dependability, and confirmability. Credibility of content analysis is strengthened by including negative analysis, which means discussing aspects of data that contradict or do not support patterns emerging in the analysis. Transferability of findings to other contexts shows the trustworthiness of my analysis. Dependability of analysis is assured by showing that findings are consistent and can be repeated. Confirmability of content analysis is gained through a transparent audit trail of the research steps, and reflexivity - recognizing that the researcher shapes all research. Lincoln and Guba suggest maintaining a private reflexive journal in which to make entries about methodological choices, and to reflect upon the developments of one's perspectives and interests (1985).

The WPATH SOC was chosen over the DSM-V as a text for content analysis because the DSM is a diagnostic manual, a text of pathologization, as opposed to the WPATH text, which intends to provide clinical guidance for health professionals to assist transgender individuals in developing safe and effective pathways to positive belonging and well-being (2011, p.1). The DSM is a text created by external authorities and was not created by or in collaboration with transgender people. The WPATH standard of care was created by, and in collaboration with, transgender individuals and transgender doctors. Research collaborators' understandings of care being in agreement, and sharing core principles with the WPATH SOC would be a sign of credibility. Credibility that WPATH text aligns with the priorities of care desired by transgender individuals was strengthened in the first interview when the research collaborator told me they had printed out the Sherbourne Health Clinic's detailed medically specific guide to transgender healthcare, which endorses the WPATH SOC as the gold standard for principles orientating care of transgender individuals (Bourne, 2015, p.2). Because I am an insider who is not in a position to grant access to healthcare, research collaborators were not auditioning for care in our interviews, which opened up more space for them to disagree with principles within WPATH. The credibility evaluative process included analyses of compatibility between the WPATH text and guiding principles, concepts, and ethics of care from feminist, transgender, and science studies.

### **3.6 Coding, Memo, and Theme Development**

Interviews were audio recorded, and then transcribed by me into a word document. The process of transcription involved listening to each interview multiple times. After the transcription was completed, the transcript was loaded into NVivo Version 11.1.0 to aid in the organization of developing themes. Memos and notes were applied to mark areas of text for

further analysis where it appeared key issues or topics were emerging. The analysis of data was an iterative process continuing throughout the research, starting with the first interview. Once an accurate transcript of the interview was typed, the interviews were reviewed again while I revised and added memos attached to areas of interest and overlap in the development of themes. This process helped me to revise or add to the development of questions and probes to be used in subsequent interviews.

Thematic analysis consists of coding the collected interview transcripts into developing themes and patterns. This thematic analysis of data includes organizing the highlighted areas of interest and overlap into categories of topics. Assessing the interviews for key ideas, words, topics, and issues, I started grouping them, which began to reveal emerging themes. Research collaborators' transcripts were analyzed for significant topics in order to identify themes based on my understandings of the research collaborators' words and meanings, which included coding for both similar and unique themes and concepts. This technique allowed me to identify key issues and emerging themes within and across narrative commentaries.

Development of coding started from organizational indexing which tagged sections of speech as being relevant to a broad category. Some of these categories were created directly from the prompts of interview questions. From these broad index categories more conceptual themes and patterns began to emerge from the data organized within the respective categories. The function and purpose of coding the interviews in this way was to focus and organize the retrieval of sections of text into emerging categories for further analysis and examination of themes (Mason, 2002). I viewed these categories, or 'bags of indexed data,' as unfinished resources rather than finished products (Chase, 2005). These categories were literal reflections of the interviews, with some of the categories arising from the prompts of interview questions.

This way I could see how all the research collaborators answered a particular question. The next stage of my coding process involved moving from this fairly literal indexing of categories to more conceptual themes. Major themes are defined as the “recurring patterns, topics, viewpoints, emotions, concepts, events, and so on” (Bailey, 2007, p. 153). Instances where research collaborators mentioned experiences of good companionship by people or through institutions with which they interacted, were tagged and became a guide to revealing aspects of how to improve the quality of care provided for transgender people through available systems. Agreement among the various research collaborators’ understandings of care, and shared core principles of care as those found within the standards of care would be a sign of trustworthiness of the findings.

### **3.7 Summary**

I began this chapter with a reflection of my position as a researcher, and the ethics involved in researching with transgender individuals. In this chapter I described the collection and analysis of the two primary types of data used in my study. Narratives were gathered from qualitative, semi-structured, in-depth interviews with six transgender-identified people. Narrative scholarship has been recognized as a way of listening to voices and stories that have been silenced in the power dynamics of hierarchical social relations. The WPATH guideline to care provided the second type of data selected as it is recognized at local, national, and international levels for its useful stipulations. I describe the procedures of the content analysis performed on the standards of care. Systematic readings of the texts can reveal cultural and historical discourses embedded in the contents. The last section of this chapter contains reflections on the coding and thematic development arising from interview transcripts, and establishment of credibility by cross-referencing both sets of data.

## Chapter 4: Findings and Analysis

The research questions I investigated during this project were:

1. What are transgender identities?
2. What are the experiences of transgender individuals seeking culturally competent healthcare?
3. What are the institutional, practical, and policy interventions implied by the experiences of transgender individuals seeking culturally competent healthcare?

The findings that emerged from the qualitative interviews with transgender identified individuals from Saskatchewan and the content analysis of standards of care show that in order to care for transgender individuals, doctors, frontline care providers, policy makers, and individual citizens - must recognize as legitimate their identities as transgender.

The first major theme I discuss addresses my first research question; what are transgender identities? The theme *Transgender Identities as Non-Binary Identities* describes the many ways research collaborators describe their transgender identities. The research collaborators' narratives about their transgender identities were not normative, binary understandings. The identities of transgender individuals are dynamic, queer, and complex. Their transgender identities were not something research collaborators wanted to hide or erase in articulating their narratives. The various components of gender experience were expressed and clearly distinguished by research collaborators. The elements of gender they identified include: gender identity, somatic sex, reproductive sex, body consciousness, gender expression, and social gender. These components of gender align with understandings of gender by leading transgender doctor, Dr. Benestad (2009; 2010). Research collaborators' narratives provided insights into the relational co-constitution of identities, and their

entanglements in naturecultures. In particular, research collaborators' understandings and experiences of gender reflect becoming *with* others, and the relational accountability that accompanies such evolving lived connections. For the purposes of this thesis, the results of the content analysis on the secondary data, drawn from the World Professional Association for Transgender Health's standard of care document, inform what constitutes culturally competent care as part of an evaluative criterion for this study. The analysis of WPATH's standard of care addresses my second and third research questions: What are the experiences of transgender individuals seeking culturally competent healthcare? What are the institutional, practical, and policy interventions implied by the experiences of transgender individuals seeking culturally competent healthcare? The WPATH guideline to care was selected for content analysis because it is the standard of care for transgender people used at a local, national, and international levels. It will be to this standard of care that the experiences of healthcare by research collaborators will be compared.

A second major theme addresses practical changes for improving care for transgender people. The theme that emerged from the interviews shows that *Exposure and Education* about gender diversity are important for transgender individuals' self-acceptance, wellbeing, and improved social relations. The theme of exposure and education answers both research questions regarding transgender identity development, and the most promising practices of providing comprehensive care for transgender individuals. Research collaborators recognized the socialization of gender to be part of a bigger cultural indoctrination, and recognized the entanglement of other social identities like ethnicity, culture, sexuality, and ability, as part of that indoctrination. And so a subtheme within *Exposure and Education* involves the colonial



and cultural histories specific to Saskatchewan as they informed the narratives of both Indigenous and Non-Indigenous research collaborators in this study.

The third major theme to emerge, *The Need for Care as Recognition, Support and Relational Responsibility*, arose in response to the second and third research questions: What are the experiences of transgender individuals seeking culturally competent healthcare? and What are the institutional, practical, and policy interventions implied by the experiences of transgender individuals seeking culturally competent healthcare? The core aspects of care identified by collaborating transgender individuals are recognition and support. Respectful recognition of the legitimacy of transgender identities is an important aspect of feeling cared for. Feeling supported is another vital aspect of feeling cared for. For research collaborators, support means accessibility to culturally competent healthcare professionals, accessibility and belonging in everyday social relations and workplaces, and attention by social and governmental support to the areas recognized as the social determinants of health as related to transgender experience. At a broader level, when research collaborators discussed experiences of care, what began to emerge were conceptual themes of kinship and ethics.

Although the themes and sub-themes are organized into separate headings, they are tightly interwoven and connected to each other. Taken together, the themes are enormously helpful for establishing a deeper understanding of experiences of care or lack thereof and the development of nourishing identities among transgender individuals in Saskatchewan, as well as illuminating relational responsibility more generally. In my fifth and final chapter I discuss how the findings of this study reveal institutional, practical, and policy interventions implied by the experiences of transgender individuals seeking culturally competent healthcare. This chapter

includes a list of policy and practice recommendations for inaugurating changes to improve the care that is provided for transgender individuals in Saskatchewan and beyond.

#### **4.1 Findings and Analysis I - Components of Gender**

I asked research collaborators about how they understand gender and self. They lead me through discussions of being, liveliness, love, and care. The ways research collaborators discussed their identities made the multiple elements of gender that they find salient very clear. They took me through some of the reflections they had on self and becoming. Research collaborators understood transitioning as an act of becoming, just one of many evolutionary events on one's life journey. The questions and reflections research collaborators provided engaged philosophical, social, emotional, cognitive, and spiritual considerations of what it means for them to be alive, to be themselves, and to live an authentic life.

Before diving deeply into the research collaborators' understandings of their gender I will provide a summary of demographic information followed by an individual profile, each named with a pseudonym. All collaborators were given a pseudonym to maintain anonymity.

Demographic information for the research collaborators in this research project present a range of ages, educations, occupations, and family statuses. Four research collaborators are between the ages 22 - 33, one is within the 34 - 44 age range, and another one between 45 - 60 years.

Two research collaborators are Indigenous, one immigrated to Canada as a child, and three are white. Incomes of research collaborators were under \$40,000 annually and their occupations included service industry, post-secondary students, non-profit community workers, and artists.

All have graduated high school and three have post-secondary education. Three research collaborators grew up in rural or farming settings before moving to urban locations as adults.

Research collaborators were engaged, divorced, common law, single, and one is a parent as well.

#### **4.1.1 Participant Profiles:**

*Lois:* Lois grew up in a Saskatchewan farming community, briefly moved to another province before living in Regina for the last sixteen years. I conducted her interview over Skype because of the distance. Lois is an activist and educator for non-profit organizations. She was working at a transgender resource table at Saskatoon Pride when I gave her a handbill and some information about this research project. Lois had poignant insights into the socialization of identities, values, and norms. She was particularly interested in the connections between identity development, socialization of ideologies, representation, and power.

*Lily:* Lily described herself as “a feminine identifying, non-binary transgender person.”

She is a world traveler who calls Saskatoon home. We met at a local cafe one afternoon for our interview. Lily is an artist and philosopher of life. She works very hard at bringing attention to and educating on transgender issues in the province. In talking about her transgender identity, she shared her thoughts on the nature of life, love, what is alive and not alive, and the ways we organize and understand boundaries. Her discussions of self reflect a lifelong development of art and philosophical thought.

“From the earliest age I have this memory of, from the earliest age, of having a concept about it being okay for me to be how I am. However that was. The reason being that everyone is a mixture of male and female. That has been very central and basic to my identity all my life.”

“How can we care for? I mean, really, I think it is the same way we care for anybody in society. I think number one is to listen to people. Listen to people. Listen to what they are saying, listen to what they are asking. ... Paid attention to is part of it too. Just paying attention to people

because sometimes people aren't saying anything and that is when it is worse for them. So, listening to what they are not saying."

*Julie:* Julie was born and raised in Saskatchewan. She's lived in farming communities, Regina, and Saskatoon. She moved to Saskatoon because she had heard this is where she could find doctors who would help her transition. Julie works for a non-profit organization, and has been an educator on transgender issues to many - including the R.C.M.P. She is kind, and places a lot of value on being a good friend. Julie is remarkably strong; from a young age she has publicly stood up against discrimination toward transgender individuals. Through these encounters, she has defended gender diversity and educated others on how to be respectful of transgender people.

"I currently identify as a male-to-female transgender [person]. I mostly just like to consider myself a person though, first. A friend to people, a heterosexual female, a good person.

"I just think that people need to be more educated or have an open mind for transgender people. Or even just gender in general. I know even when I went to school you didn't really learn about being gay in school. So to be transgender, a lot of people don't know how to refer to you, how to be polite, and even just like talk to you kinda thing."

*Oliver:* Oliver is a Cree two-spirit transgender gay man, a self-identified world citizen, and a citizen of kindness. He was born and raised in Alberta, but moved to Saskatchewan as a young adult. Our interview took place over supper at a downtown Saskatoon restaurant. He shared powerful insights into the teachings that guide his life and his activism. He values respect and

love of individuals for the unique person they are, and the gifts they have to offer the larger community. He was very sensitive to the interconnectedness of everyone in our daily lives. He spoke of how Cree traditions have been infiltrated by western teachings and how that has impacted his experience and identity as a two-spirit transgender individual. But Oliver sees, and actively contributes to, the renegotiation of Indigenous cultures among Indigenous peoples for themselves, to ensure everyone is included in the circle.

“And love I think is to also, kind of advocate and stand up for individuals who don’t have the same rights in our society today. And whatever way they can do that in their lives - whether or not that is talking with their friends and family about trans issues, like ‘hey, it’s not cool to call them this name, or to treat anyone in this way.’

“Or whether or not you are in a position of power, where you can create policy and create new ways for people to access healthcare. Like that would be, that for me, is what love and respect mean.”

“I think we are getting back to, we are slowly getting back and we are renegotiating our culture for ourselves to ensure that we are including everyone in the circle. To ensure that we are getting back to the root of our cultures; that being: respecting every individual as the unique person that they are, and respecting the gifts that they have to give to the larger community. And offering that ability for them to hone in on those skills, really.”

*Beau:* Beau and I met at the University of Saskatchewan library to do our interview. Our interview together was the longest lasting, nearly two hours. Born and raised in Saskatoon, Beau spoke about the diversity of needs, identities, and experiences within the transgender community. He also discussed experiences of trying to maintain an identity within the gay community where he is often read as a straight cisgender man. He describes himself as a tech junkie, and will respond to a compliment on his appearance with “‘Ohhh, synthetically enhanced!’ In our interview, he spoke about the evolution and development of his identity. “I definitely strongly identify as being trans. I guess when I started my transition I thought, ‘Okay - well I'm just gonna transition and be a man, and move on with my life.’ But that’s not the case.”

*Justin:* Justin and I talked while sitting beside the South Saskatchewan River in downtown Saskatoon. Justin grew up in Saskatoon, moved away to another province for a few years before moving back. Justin identifies as a queer transman, and just recently started identifying as a person of colour. He is Indigenous, but was raised away from his culture in a white family. Justin has a trained sociological eye through which he views social interactions. He shared very strong examinations of gender and race in everyday interactions, in the workplace, online, and with friends. Justin was very attentive to intersections of identity and privilege, and was especially interested in the links between privilege and knowledge.

**4.1.2 Elements of gender.** Various elements of gender were expressed by research collaborators in their narratives. These various elements were teased apart and distinguished by research collaborators when identifying themselves. The components of gender they discussed

best align with Benestad's breakdown, which include: gender identity, gender expression, reproductive sex, somatic sex, and body consciousness (Benestad, 2010). Benestad's diffraction of gender into the elemental components - beyond gender and sex; gender identity, gender expression, and sex – provides a way to consider the important aspect of body consciousness, as well as to address the more complex materiality of sex beyond 'biological,' to include reproductive sex and somatic sex.

**4.1.2.1 Social Gender, Somatic Sex, Gender Identity.** Research collaborators had clearly thought about the various ways they experience gender. They had complex understandings of the elements of gender and sex, and the relationships among them. In the following quote, Lois identifies multiple elements of her gender and sex identities. She identifies somatic sex, gender identity, gender expression, and social gender in this quote:

I recognize a difference between my sex identity - or my physical identity, body identity - and my gender identity. ...

So, my sex identity - I identify as a transsexual female, a transitioning transsexual female.

And my gender identity is still developing somewhat. I'm politically opposing womanhood and what that means by society's standards. So, I'm probably leaning more toward genderqueer/non-binary, but I'm feminine on the scale. (Lois)

I have added the element of 'social gender' to Benestad's list in order to highlight the relational aspects of our intersectional gender identities. Individuals' concepts of gender are not separate from cultural ones; our behaviour and presence is read and structured according to cultural understandings of gender.

Cultures represent gendered or non-gendered "supermarkets", where one can negotiate gender and gender belonging through performances and expressions. At the same time, individual supplements of gendered expressions to society, influence society's insights. There is interdependency between the individual and society. (Benestad, 2010, p.226)

Social gender in western cultures operates according to binaries; social spaces, language, and roles are typically structured by binaries. Bathrooms are separated into male and female, general social hailings and titles reflect binary understandings of gender. The signals and structures of Canadian society recognize only binary genders, for the most part.

Our society's construction of selfhood and bodies, discipline our bodies into repeating and re-enacting gender as performance. Having an intelligible selfhood means being understood within a system that functions on the concepts of gender, sexuality, and sex, which operate in binaries of masculine and feminine, homosexual and heterosexual, female and male, human and animal, human and machine. Gender is inscribed on our bodies, even when individual persons work hard to subvert such readings. Gender is the language of everyday. Even if an individual does not respond, the process of being gendered by others happens. Expressions and embodiment are organized by the social orders people inhabit, by individuals who have internalized regimes of gender enforcements and are organized in relation to the respective cultural knowledges operating in any given social space.

**4.1.2.2 Body Consciousness.** The element of gender designated as 'Body Consciousness' by Benestad correlates with an important aspect raised in phenomenological understandings of self. Body consciousness speaks to the phenomenon of 'feeling like something to be conscious.' It feels like something to inhabit a certain body, in a certain space, interacting with others, while remembering and recalling the past to inform the present being, always being recreated in relation with others, objects, animals, machines and built and natural environments. Lily, as an artist, dancer and designer spoke especially eloquently on her awareness of her body, self, and space:

We have a mental map of where our body is and where all the parts connect and everything, and so we can use that as reference for whatever stimuli and movement



and everything. And they can actually identify where that is in our brain. But it doesn't end at our skin. ...

I really do see myself as a distinct being, but without any sharp defined edges, or defined beginning and end. It's very clear to me too that a lot of what I consider to be myself is just an awareness of all the tools of my trade, of being a living being, of these memories, and you know sensations and whatever all the.. aware that none of that is really what is happening...they are just models that this organism is building in order to sort of register this passage through time, which is I guess our lives. (Lily)

Self has a bodily consciousness; it is an organization of the sensory: "The psychical identification with a mirror image that maps the lived body's sensory and perceptual awareness of itself into a coherent picture that is foundational to subjectivity" (Stryker and Currah, 2015, p.304). The consciousness of any lived body is organized into a story, the narrative of a self. Foucault and Butler both recognize this narrative of self as the organizing unit in western history. In this model, individuals form a self by aggressively subordinating others into support roles. This requires separation of self and other; self from our tools, from the water and bacteria that compose much of us, from animals, from machines, from our worlds.

**4.1.2.3 Gender Identity, Gender Expression.** Research collaborators expressed very well the seeming paradoxical experience of having a non-binary gender identity, but feeling most embodied after accessing gender-realignment technologies that transitioned their bodies. This seemingly paradoxical experience is possible because of the various components of gender experience which can combine to create diversity in perception, performance, and expression.

As Lily explains, humans have a body consciousness, a feeling of being a lived embodied being. Gender identity is not always completely expressed by our embodiments and actions, or by perceptions of others, especially when the only gender identities generally recognized are 'man' or 'woman.' It is possible to identify as a transgender man but be perceived as a cisgender woman. It is possible to identify as a transgender man but be

perceived as a cisgender man. In both cases, the person's gender identity - non-binary transgender - is not being perceived, because the person inscribing gender has been so disciplined to assume and impose binarized genders.

Embodiment technologies impact the experience of body consciousness so that the body is experienced and lived in ways that create a more positive bodily sense of social belonging for the individual. These technologies are lifesaving, even if that individual exists in a society that doesn't recognize complex embodiment histories. Justin remarks:

It's still like, it's not so cookie cutter now that I live as male. I just don't fully check off this box. Like if anything, I don't identify with being a man. That's definitely not where I see myself. Like I'm male, and I obviously prefer male pronouns.

I like living socially as male. I've obviously accepted that there is gender when you go throughout your day. In your general, everyday life - like getting called 'sir' or asking where the bathroom is and being pointed in the right direction. Like just social norms, like that I've accepted because that's just the way life is until things change.

...

The stigma behind even needing hormones... that stigma behind needing to look a certain way to be like... I hate the term passing, it's like a test that I don't want to take. But it sucks that I - once I got it, it was like, 'This is what I wanted.' (Justin)

The paradox of identifying as non-binary, identifying as transgender - but still needing hormones or surgeries to belong in their body, as Lily expressed so clearly, is an experience of "personal politics not aligning with lived identity." Recognizing that gender is so complex, having a non-binary gender identity, yet feeling most embodied and connected to their materiality when it is either more masculine or feminine is a complicated experience that takes self-acceptance and willingness to sit with ambiguous answers. She notes:

I guess if, you know, I was to get technical with things like that it would be: I'm a feminine identifying, non-binary transgender person. I also consider myself to be queer. I imagined that somehow with my personal politics, I believed that the identity for me [would be] some kind of genderqueer. Maybe even gender-fuck identity.

Really, really challenging the binary kind of.. but.. time.. and partly it is, I was just too weak. Well..

Maybe partly is because I was going through a tough time. But I think also, you know, it's just one of these things that's what I imagined for myself, but no - that wasn't really it.

That really I had to live as a woman, and be accepted as a woman. And that has... in the test of time, has shown to be the right for me. It would be unnatural for me to try and push that.

So, that's been a big theme for me - That one of politics not always aligning with the lived experience. (Lily)

These transgender individuals shared their experiences and identities, talking about structure without arriving at closure. While remaining in the concrete situation, they subvert norms, embrace ambiguity, and foreground multiplicity.

For individuals with gender identities lived outside the structures that support gender majorities, there are constant reminders of the discontinuities of self that cross us when required to respond to systematic hailings that do not accurately address us. Living in co-constitutive situations, often these miscalibrated hails structure routine, impersonal, everyday exchanges. Interpellations are supposed to signal to us what the situation is and inform our actions for successfully collaborating with others within that situation. Social gender in our society is understood in binary terms. Public spaces, language, and expected behaviours are all structured as binaries. Justin wants a society that recognizes him, a society that functions on a system more complex and caring than a hegemonic binary.

It felt like not.. like people never found out about me. They just got to know the surface. Like when I got hired at Starbucks I was just, 'Oh, there's a key to the men's bathroom. Like here you go. This is your name.' And it was like everything was gone from before. And I couldn't talk about anything. Just like sucked, 'Man, I feel like I'm not talking about most of my life or anything that mattered.' (Justin)

In a society that operates on and only recognizes binary identities, transgender individuals are erased and silenced every day. Jamison Green's, 'Look, No Don't Look' explores the cost of having a self that does not match closely to normative understandings of gender is explored (2006). In this work Green examines the 'visibility dilemma' that some transgender individuals experience. The visibility dilemma is about the predicament of having your transgender identity become invisible in direct proportion to passing. The dilemma is being in the situation where one has to 'come out' as transgender because binary genders are assumed. But revealing transgender identity risks undermining achieved gender status, achieved capability, and socially constructed authenticity as a person.

One's gender identity and gender expression are not inherently oppressive. Oppression, discrimination, and not having a sense of belonging result from a value laden hierarchical understandings of those identities and expressions. That certain genders, certain expressions and embodiments of self, are valued more highly than others and become prescribed roles for certain people is the source of inequality; not the genders themselves.

Just all those stereotypes that go along with it. All those things that you need to do as male. Like when I first started growing out my hair when I was transitioning. People were like, 'So like, when are you cutting it?'

I'm like, 'What? Why is that the first thing that needs to happen?'  
More just, restrictions and convenience, for being identified through. (Justin)

What is oppressive and limiting is the system of values used to understand and organize genders, not the wide ranging variations in gender expressions themselves. Gender itself is not somehow oppressive; gender is not something that necessarily limits expression and embodiment, gender articulates distinctions in embodiment and expressions. This repetition of

acts depends upon citation, the calling upon histories of knowledge to make sense of gender presentation. Gender expressions and embodiment are organized by individuals in relation to their cultural knowledges.

It is possible to present and appear compliant within social binary gender norms while identifying as a non-binary transgender person. This highlights the distinctions and relationship between gender expression, social gender, and gender identity. Gender expression is relational; people read and organize your expressions according to received social understandings of gender along spectrums of masculine through to feminine and back. Gender identity, on the other hand, is internally felt and may not be wholly expressed at all times in our daily performances of gender expressions. Thus, transgender people are operating in a society that only recognizes binary gender identities. They have to answer social hails that don't accurately address them. An aspect of their self is their transgender identity and the cost of having that identity be invisible, ignored, erased, silenced, and not recognized as real is significant; "I guess if your sense of self matches closely with the cultural grid of what you should mean, and you find those meanings pleasing, then the 'truth' doesn't come too expensive. For the rest of us, though, it can cost a great deal" (Wilchins, 2006, p.551). Transgender people still exist within a binary society, and the costs of being trans identified don't necessarily stop after accessing embodiment technologies. Identifying as transgender while existing in a society that assumes cisgender binary identities comes with the high cost of not being seen.

Talking back about the costs of telling the truth the way it is demanded by the binary system is a strategy for a reordering of how embodiment and expression are understood in

Canadian society. In the instance of recognizing a hail as a hail, and not as a correctly calibrated interpellation, a few options of response arise: the option of not responding to the incorrect hail - ending or disrupting the interaction. Halting the everyday normative script and attempting to work with the people in situation to cobble together a new script in which one is accurately recognized, comes at the risk that the other people will be hostile or unresponsive to your attempt to alter the script they live by. Or one can respond to the incorrect hail at the cost of self affirmation.

Lois refuses the repetition of conformity to produce a 'lawful' subject. When asked why she is politically opposing the gender identity of woman Lois said this:

I think it's beauty standards. That whole debate on passability, and all of that stuff. I realize that I'm not in a social situation, a financial situation, where I'm gonna be a Caitlyn Jenner.

So, I'm not going to meet fully, you know, society's standards of what feminine beauty is. And that's not unusual - 99% of women don't meet that standard, anyway. So my, I dunno, activist or advocate at heart - I, more or less, use my gender identity as a, you know, a tool of advocacy. Saying, you know, our society's beauty standards are ridiculous. I'm going to refuse to live up to those standards and just, 'Fuck you.' (Lois)

Illuminated here is how very much tangled and tied together gender identity, gender expression, social gender discourses, disciplining practices, and narratives are. Transgender identities can subvert binarism, embrace ambiguity, and foreground multiplicity. By sharing our complex narratives, we make gender discourses ambiguous and fluid enough to 'end history' for sexist, heteronormative binary (dis)functioners.

Research collaborators rejected strict enforcement of gender roles and norms. They saw enforcement of gendered accessories or expectations of behaviour as silly gender norms;

“There's nothing really stereotypically male that I like doing. But I also decided that if I was going to pretend to do those things, then what's the point of my transitioning? I definitely am more masculine and male like, but I didn't go like hyper masculine” (Beau). Research collaborators didn't jump out of one box to be put into another. They didn't work as hard as they did - all the self-reflection, working to access embodiment technologies, and dealing with everyday social harms - just to do more gendered things they do not like doing.

**4.1.3 Transition as Part of One's Life Journey.** Research collaborators had a sense of ‘I am not that’ in relation to their prescribed gender. At the beginning of their transitions, before becoming more familiar with non-binary thinking, research collaborators used the words and systems of thought they had been raised in: the words of others, the words of binary dualist gender systems to explain their discomfort with received categories. Within binary dualist thinking, if you are not representative of one pole along what is really a spectrum of identities and experiences, then you must be the other. This is one factor in the normativity of the ‘trapped in the wrong body’ narrative. But research collaborators expressed their lived experience as being more complicated than a binary system and related narratives allow. This led to research collaborators viewing selfhood as dynamic and developing: self as becoming. They adopted narratives and systems of thought that accept ambiguity, fluidity, and co-contingency rather than false and imposed dualisms.

Research collaborators all rejected this binary understanding of transition. They resisted the idea of a clear beginning and end of transitioning. That they were starting in one identifiable state and reaching another final state was rejected by research collaborators; “I've often described my transition as the process of maturing... of going through life. Life's journey. Of learning about yourself and the world around you. And that's transitioning. Your physical

transition is just a part of that” (Lois). The idea that self would stop shifting, growing, and developing was rejected by research collaborators.

I definitely do not feel trapped cause it just like brings about this misconception that we have to look a certain way. And that I have to strive for this male/masculine figure, and like - that I am supposed to look a certain way. And I will never be big and buff and whatever. And that’s just, whatever I am okay with that. I can grow my hair out. I am much more showing my feminine side than I ever was before. (Justin)

A problem that transgender people encounter with this ‘trapped in the wrong body’ narrative is the impossibility of actually escaping our bodies. We can and do change our bodies, but we never escape them.

I think early in my transition I subscribed to a lot of the stereotypical rhetoric that surrounds trans identities. And I said I was a ‘woman trapped in a man’s body’ sort of thing. But I’ve really moved away from that a lot. Probably around the same time I started understanding and adopting that idea of a brain-sex or a sex-identity alongside a gender identity. ... How the hell am I supposed to escape this body anyways? It’s my body. (Lois)

The body is not a distraction from self. When listening to transgender people discuss their self and the body’s materiality, they discuss self as lived embodying. The lived body is concrete and literal. Narratives of being transgender as ‘being trapped in the wrong body,’ which were rejected by research collaborators, function on the basis of a dichotomy of self and body, and that there is a certain ‘right’ body to be achieved that is not this current lived one.

Research collaborators moved from viewing transitioning as something they would complete and leave in the past to embracing transgender identity as a core aspect of their evolving selves: “I definitely strongly identify as being trans. I guess when I started my transition I thought, ‘Okay - well I’m just gonna transition and be a man, and move on with my life.’ But that’s not the case” (Beau). Being transgender wasn’t a position or event he could move out of or through. Identifying as transgender is not a position that will end after a



certain number of surgeries or hormone injections, and so it is important to actively create a society which recognizes transgender identities and the forms of critical consciousness that transgender experiences enable as real and legitimate.

Histories and dynamics of knowledge systems and power relations in Saskatchewan inform the identities of the transgender individuals who agreed to collaborate with me in this research project. An area that all research collaborators recognized as an opportunity to create more caring relationships for transgender and two-spirit individuals was through education about the cultural and historical legacies of Saskatchewan. In the following section titled ‘We are all Treaty People,’ I will discuss how research collaborators thought about colonial cultural histories and their identities. Research collaborators spoke about systems of thought, power, and socialization while discussing their complex identities as individuals with transgender experiences.

**4.1.4 We are All Treaty People.** The research collaborators’ thoughts on the intersection of their gender identities with their cultural, racial, and national identities will form the next section of this chapter. For the research collaborators in this study, part of understanding their identities meant inheriting and inhabiting histories of their locations in the prairies of the North. These histories inform and shape the relationships research collaborators have with themselves, friends, family, social institutions, and me as a researcher. Research collaborators spoke about systems of thought, power, and socialization while discussing their identities, sometimes explicitly using the word ‘enculturation.’ The use of this word speaks to their linking of the power-infused, systemic, social nature of knowledge.

The violent history of colonization in Canada is hidden by mythical national identity narratives of pioneerism and multiculturalism. But the research collaborators in this study

paid careful attention to and had an awareness of these histories we all inherit. Research collaborators recognized that enforcement of western understandings of gender still impact everyone in Saskatchewan today. Lois discussed the connection she sees between the enculturation of Indigenous individuals to Eurocentric society in Saskatchewan and the socialization of normative ideals which reflect western values and beliefs.

I have a fairly close friend whose heritage is First Nations, but she spent all of her life growing up in white foster homes. So she's really been disconnected from her First Nations heritage. And now that she is getting into her thirties, but in her twenties even, she is trying to reconnect with that aspect of her identity. After being enculturated as a white person, really.

I really relate to that a lot. As a trans person trying to find my own identity after being enculturated as a man.

Yeah, I really developed my understanding of - I supposed of oppression, of oppressed groups. And how it's all about identity. Right, you know? Our entire society is steeped in the identity of being an able-bodied person. So as a disabled person, how do you find your identity in that society? So, there are so many layers to that. (Lois)

Lois recognizes the dominant ideologies through which she and her friend have been indoctrinated, including 'ideals' of whiteness, able-bodiedness, and binary genders – all of which have their roots in western knowledge systems. There was a recognition by research collaborators that socialization within our society is informed by political and cultural understandings of what good, productive, normal identities are. In the previous quote, Lois recognizes race, culture, gender, and ability as areas of identity in society that are informed by values and norms, which affect our sense of worthiness and belonging. Norms are like policies, and they certainly inform them. Sincere commitments to mutual care would have subverted some of the disjunctive experiences Lois enumerates.

Justin, like Lois' friend, is Indigenous but was raised in a white family. Listening to

Justin speak about his recent identification as a person of colour, I hear his exploration of privilege, worthiness, belonging, and the experience of these in everyday life.

Justin: I just recently started identifying as a person of colour, ironically. That's nice to embrace cause I didn't grow up around my culture, just being white.

Researcher: Yeah, and what recently made you start identifying with it?

Justin: Actually a bunch of other people with white privilege. This one kid that I used to work with. Oh my god, cisgender, straight, male, white, 19 - just like the epitome of privilege.

Yeah, just like - ironically, seeing his privilege and being able to call out people on their privilege made me check my own privilege. And I just always felt like I had this weird border of growing up in a white family, but being a person of colour. It was just kind of like.. like I knew I was Inuit, but I just never was around my culture, so I kinda mostly had that white perspective and privilege. So checking my own privilege after seeing other people and theirs. (Justin)

Justin's interview revealed his sharp eye and critical mind at work in his everyday interactions. These skills made him very aware of the micro-aggressions occurring around and to him. Visible in his narrative is his delicate and attentive care in recognizing the intersecting identities he carries. Gender, cultural, and racial identities are not separate. They are entangled in the larger societal hierarchies which are experienced as privilege, discrimination, belonging, resistance, or micro-aggressions in the everyday lives of people. By being very critically aware, self-aware, and intrapersonally aware, Justin was able to reflect on the kind of experiences people were having around him and compare them to the kind of experiences he was having. Working with a young, cisgender, heterosexual, white man, Justin "checked" his own experiences in comparison to his co-worker. In doing this he saw his co-workers' privilege, which Justin cannot access despite working at the same place, being young, and growing up in a white family, like his co-worker. Being queer, transgender, and Indigenous affects his everyday experience.

Justin recognizes patterns of responses from privileged individuals when in situations where they are made aware of their privilege or of micro-aggressions they may be presenting, and he recognizes their resistance to ambiguity. He has found that people are uncomfortable admitting that they don't have all the answers, that they were wrong, or that they have more to learn. Justin also commented on people's reliance on citing education, not actions, as proof of their non-discrimination or non-prejudice instead of referring to instances where they acted like a good companion, disrupting instances of privilege and inequality. For Justin, proper acknowledgement of privilege requires actions to counter it.

Cause she even said she took classes, like social studies classes and classes that most people - white people - just wear it like a badge of honour. It's like ... racism isn't like a certification class you take that makes you not racist. And she straight up said, yeah she thought she was well educated and took these classes - and that didn't mean a thing. Which was really cool cause not many... that takes a lot of guts to admit... cause that's what a lot of people are afraid of admitting. Admitting where they are wrong.

And that is like the whole point of my recovery. Like realizing where I am wrong and like admitting to it, and growing. People just get stuck in this mindset where they think that everything is the same or they don't have anything to learn. I'm always all about educating people. (Justin)

After engaging with the concept of micro-aggressions, Justin began identifying as a person of colour and saw a strong link between racism and transphobia. The qualities and actions that, for Justin, are positive ways of disrupting racism - are the same qualities and actions that he recognizes as essential for disrupting genderism (Bilodeau, 2009).

Like one of my coworkers, who is great, she kinda struggles with her white privilege. She is white, but I think she has family members that are of colour. And she is one of those who 'Doesn't see colour,' and 'We are all equal.' Which is not... I can't even go there cause that's not how...

One of my other coworkers is too. And I'm just like, 'Ouhh, I die.' I die inside, and did you see that Uof S Confessions about the 'proud white girl'? (Justin)

[USask Confessions #16123

I'm straight. I'm white. I'm catholic. No, I'm not homophobic. No, I'm not racist. No, I'm not a prude. I am sick of being hated on and told that I can't be proud of who I am because "I've never had to face a struggle." Are you effing kidding me? Sorry, I didn't realize you knew my life story. I am not ashamed to be straight, I am proud of my sexuality and I embrace it, as anyone should. I am proud of my ethnic background and of my ancestors who fought the bitter winters and harsh climate to build a family here. I am not ashamed to say that I'm catholic and that I believe in God. People need to get it through their heads that being proud of one thing doesn't mean that you are belittling another. It does not mean that you think you are above anyone else. It means that you value and appreciate what makes you who you are.

-that "prissy white girl" (Posted: June 19, 2015)]

They shared that, and they were on her side! So that is kinda what I'm up against. But like that's where you kinda see the sides of people. Where like yeah, they have this stupid white privilege ideology but they also don't really get gender stuff. (Justin)

In trying to explain the micro-aggressions he has experienced against his transgender identity, Justin first had to make me understand who those micro-aggressions were coming from in order to comprehend the magnitude and scope of the privileged ideologies his aggressors held. The people to whom Justin had previously had to explain the transphobia of sharing a meme which makes a joke of being a transgender woman, were the same people who identified with the defensive racially privileged confession. Justin identified this confession and the people who support it as a clear flag of misunderstood privilege, which to him was an indication to be wary of that person's companionate abilities.

The USask confession that Justin brought up highlights how important it is to inherit and

inhabit the local history of a place in order to understand the current situation and the misinformed attitudes that exist. Reconciliation among Indigenous, newcomer and settler-descended communities cannot happen if the histories of the identities we carry are not recognized, “Reconciliation is a process of healing of relationships that requires public truth sharing, apology, and commemoration that acknowledge and redress past harms” (TRC, 2015, p.125). Learning should include a strengthening of critical thinking skills in order to analyze mythical master narratives and the power dynamics they reinforce. It should be recognized that we inherit the past as conditioning the vectors of possibilities upon which we are accountable in our lives. It means recognizing that we are all treaty people here now. We are all treaty people with responsibilities for creating a more livable future, together.

Oliver introduced himself to me in a way that made it clear that the various identities he uses to name himself are strongly woven together, and cannot be separated without losing understanding of him as a complex individual. He introduced himself as “a Cree two-spirit transgender gay man” (Oliver). His cultural identity and location, gender identity, sex identity, and romantic orientation are all vital to his being; “Cause all of these things are not separate for me. They make up who I am. ... All of them are connected for myself. I love being able to utilize the term two-spirit because I feel it not only incorporates my gender identity, my romantic orientation, but it also incorporates my cultural identity” (Oliver).

In Oliver’s self-identification he specifies experiences of gender identity, cultural identity, somatic sex, sexual and romantic identity; “I’m a Cree two-spirit transgender gay man.” Oliver clearly expresses various factors and elements that he feels are important to teaching a more broadly representative understanding of gender.

If I'm looking at gender and sexual diversity, if I am looking at trans identities - I like to utilize the genderbread person a lot [(Killerman, The Genderbread Person V.3.3, 2015)]. And if there is another thing, if I can say a part two to that - it would be if they could understand those four/five identities that are laid out in the genderbread person. That being your: gender identity, gender expression, romantic and sexual orientations, and then your birth sex. And understanding that all four/five of those, depending on who you talk to, are separate for each individual. And that wherever you fall on that spectrum is completely normal.

The need to break with the insistence on a binary is reiterated and expanded upon in detail by Oliver as he investigates the complex, multi-element, naturecultural existence of gender.

Oliver's cultural identity and involvement with his Cree traditions are important for his health and wellbeing.

One of the things I find interesting about my transition, and about I think maybe - just where I am at in my own cultural identity was how I was able to utilize my culture to go through a lot of the healing that I needed to do. Through depression and suicidal thoughts, and thus a suicide attempt - how that helped me to recover.

But that within itself is very much invested - my ceremonies - were invested in the gender binary. So when I was transitioning that was one of my main anxieties. I grew up as a female, so I know what that is like. I've never gone through the ceremonies that males need to go through. But also is it different for me because I'm- because I grew up as such. And as a quote unquote wouldn't be a 'natural man.' So as I was going through ceremonies - Elders are okay, you know. For the most part, obviously - all are not. But for the most part my Elders are really awesome and they support me. When I was putting together some gender neutral sweats and ceremonies the Elders that I was asking to come and participate were like, 'Yeah, yeah! We will totally come and do that.' (Oliver)

Core to Oliver's experience of his gender identity is his cultural identity. He knows himself in relation to the gender fluid and gender diverse traditions he comes from as a Cree person, which are contrasted and defended against binary western understandings of gender.

The infiltration of Indigenous cultures by western gender binaries via residential schools was understood by Oliver as part of his history as a two-spirit queer person. He understands

this imposition to have been orchestrated at the cost of Indigenous ways of knowing and existing.

Yeah, that came in with colonization and residential school. And how within residential school there was always boys and girls. But in First Nations cultures and First Nations communities - it was very much fluid. You went through your rites of passage. And whatever rites of passage that you go through, that's the one that was right for you. But when residential schools come out, and now you are starting to teach a gender binary that is counter to what is taught within First Nations cultures that created a lot of homopho-transphobia, I should say first off. Transphobia. And then on top of that, homophobia - when they started teaching romantic orientations in a different way. (Oliver)

At residential school Indigenous children were introduced to gender binary segregation.

Separated by clothing, dorms, and gender specific disciplines and practices - Indigenous children were forced to live western binary constructions of gender.

Oliver's inclusion of two-spirit identity resists the forced grafting of western gender binaries onto Indigenous traditions. He was very aware of how western ideologies infiltrated Cree traditions by going against the spirit of the Treaties. Oliver has worked to untangle the implications of the infusion of western ideologies within his culture. He has engaged with others in his community to renegotiate their culture for themselves, and get back to core principles and values.

So it is interesting to - for me, and being where I am right now - we are the seventh generation of when those Treaties were signed, and all that. So now, to be in this position where I am thinking about those individuals who were trying to get an education for us, housing for us, medicine for us - but they weren't able to predict all the things that were coming.

And that being residential schools, that being this infiltration into our cultures and thus our ceremonies. Where we have two-spirit peoples who will not partake in ceremonies anymore because they don't feel safe. And we have ceremonies where two-spirit peoples are not even allowed to be in, or if they are found out to be trans identified that they would be shunned - like, 'Oh, you are so dirty for trying to sit with the men.'



or ‘Oh, you are so dirty to sit with the women. What kind of person are you for trying that?’ So it is interesting the amount of homophobia and transphobia.

But I think we are getting back to, we are slowly getting back and we are renegotiating our culture for ourselves to ensure that we are including everyone in the circle. To ensure that we are getting back to the root of our cultures; that being: respecting every individual as the unique person that they are, and respecting the gifts that they have to give to the larger community. And offering that ability for them to hone in on those skills, really. (Oliver)

Reviving and renegotiating his culture for himself and his community means recognizing the past and ensuring everyone can move forward together.

In order to provide comprehensive care for an individual, there must be full recognition of them. For Oliver, this means recognizing his identity as a Cree two-spirit transgender gay man. For Justin, this means recognizing that he is in the process of renegotiating his identity as an Indigenous person raised in a white family. To care for Lois, one must recognize how disability, beauty norms, and transgender identity have impacted her sense of belonging in an ableist and genderist society.

#### **4.2 Findings and Analysis II - Exposure and Education**

One major theme that emerged in relation to the identification of the institutional, practical, and policy interventions necessary to providing healthcare for transgender individuals and using Saskatchewan as a case study with regional, national and international implications answer, how to care for transgender people was ‘The Need for Exposure and Education to Beyond Binary Systems of Knowledge.’ The research collaborators identified exposure to and education about transgender individuals as important for transgender people, doctors, police, teachers, and the general public. The research collaborators felt it was very important to unlearn understandings arising from hegemonic experiences of gender, in order

to move beyond western binaries. Included in this wish for more accountable public knowledge was the understanding that everyone, not just transgender people, experience gender. Research collaborators also identified as important the need to teach social manners on how to interact respectfully with gender diverse people as important.

**4.2.1 Exposure and Education about Transgender Identities Important for Self-knowledge and Wellbeing.** Exposure and education toward thinking beyond binaries, was identified by all research collaborators as absolutely vital to their wellbeing. Research collaborators recognized exposure and education to other transgender people as important to self-knowledge.

When I was growing up - there was no education - funny, everything goes back to that. I just kind of thought that I was crazy. And so, because we didn't really, there was no discussion.

And here's the ironic and weird part is... there was like if you watch shows like CSI or whatever, there was stuff about trans women. But I never made the connection that like, 'oh hey, you could go the other way.' Like even if you cruise porn sites or anything, you see the whole 'Shemale' or whatever section. It never occurred to me that you could go the other way. And it was like, for a while I was like, 'Oh, they must have just been born like that.' And I was like, 'oh well that would have kinda been cool.' That would have been nice. Right, at least you have penis zone, you know. It never occurred to me that lots of these people transitioned.

I ended up on some person's transition blog thing or whatever. I don't even know how I got there. But I watched one video and I was like, 'Wow, this person is talking about my life.' Yeah, this is it. That basically enlightened me into the fact that I wasn't crazy, there was a medical term, you could do it. I spent the next year on YouTube. (Beau)

When telling me about their experiences of coming to understand their gender identities, research collaborators spoke of instances of being introduced to resources or people that exposed them to and educated them about transgender identities.

With the internet, of course. And with my queer youth group, that's when everything kinda fit together. I met my first transgender person while I was there. It was like ... the stars aligned. That's when everything came together. Soon after I lived my life as Julie and never turned back...

In a lot of ways, I thought before... I just thought transsexuals were like... a Vegas show girl kinda thing. It wasn't like a person. Just like... you don't have an image of a person. It was just an idea. (Julie)

Not being respectfully exposed to and educated about transgender people caused harm to research collaborators. As a result, they felt 'crazy,' and did not have examples of people to point to or words to express the feelings they were having about their gender experiences. Research collaborators didn't know that transgender people really exist in everyday ways with everyday lives. For Julie, they were a fantasy illusion, a Las Vegas show illusion, not real persons with lives. As these quotes show, for Beau and Julie, understanding and self-acceptance followed after being introduced to transgender people and identities. Numerous research collaborators researched and devoured information from transgender people. They felt recognition and understandings shifting in a monumental way once introduced to transgender people.

Being introduced to a transgender person was a significant moment of education for the individuals who were able to find them. The internet was also an important resource in learning about transgender identities. But numerous research collaborators reported difficulties finding representations of transgender people on the internet that weren't related to porn. The most beneficial education and exposure for research collaborators was to non-porn internet content created by transgender people and in-person introductions to transgender individuals.

How do I find other trans people? This was right after Google started blocking porn search results for terms like transgender and transsexual, and stuff like that. ... That was really honestly the turning point for me. I went and sat on the computer one day and did a search, there was no porn as a search result. A whole bunch of personal individual's sites, of people sharing their experience with being transgender, of being transsexual. I was like, 'Oh my god, wow! I'm not the only one!' (Lois)

Respectful exposure to transgender people and identities was vital to self-awareness for research collaborators, as compared with hyper-sexualized fictional or fantasy representations: Vegas show girls, extras in crime shows, and sex workers. It wasn't until research collaborators were introduced to transgender people representing themselves, speaking about themselves, that they were able to begin to identify themselves, and this was important for their wellbeing and sense of belonging.

**4.2.2 Exposure and Education about Transgender Identities Important for Improved Relations.** Research collaborators recognized education regarding exposure to transgender identities for the public as an important means of improving social relations and experiences for transgender individuals. The research collaborators called for increased education and exposure because they recognized it as a vital step in creating more caring everyday interactions.

Gender ideologies and discourses organize and maintain a sense of consistency and predictability in our lives. Disrupting the normative binary scripts of those discourses can disturb those who do know they benefit by synching their identities with those norms. Having one's worldview shattered is not a comfortable experience. Leon Festinger, the psychologist who coined the concept of cognitive dissonance in 1957, believed we hold many cognitions about the world and ourselves; when they clash, a feeling of discomfort is evoked (Festinger,

1957). Holding conflicting beliefs at the same time can create a state of tension known as cognitive dissonance. When people encounter or experience transgender identities the binary worldview structuring their lives may be shattered. But challenges to understandings of meaning and form provide an opportunity to rethink cultural production, to refigure embodiment, being and thinking.

All of the research collaborators had educated themselves and others, and continue to be educators, facilitators, activists, or storytellers about their identities. All of them had and continue to educate on gender diversity: “This gender spectrum actually does exist. And it’s not just as simple as just male or female. So when I go talk to people, that’s what I try to get at. At the end of the day - people like us do exist” (Beau). And secondly, research collaborators provided education about how to interact respectfully with transgender people in everyday settings.

I just think that people need to be more educated or have an open mind for transgender people. Or even just gender in general. I know even when I went to school you didn't really learn about being gay in school. So to be transgender, a lot of people don't know how to refer to you, how to be polite, and even just like talk to you kinda thing.

Like we get asked some of the weirdest questions that you would never ask anyone else, like ‘How do you go to the bathroom?’ . . . like I would never ask somebody that. (Julie)

Julie recognized the importance of respectful introductions to transgender people in safe spaces to control and work through any cognitive dissonances that may arise, so that when those people go out into the world and interact with more gender diverse people they won’t experience that cognitive tension, and they will be able to interact respectfully with any gender diverse person.

Those individuals that are going to be working with like transgender people, gay people, any sort of minority or different situation from the norm - kinda give them a safe place to ask questions and be like comfortable. Otherwise, a lot of times these people are meeting a transgender person or whoever else for the first time in their life, and it can be shocking. And like especially when you have no idea, like what is polite, what is not polite to do, what are you to do. (Julie)

Research collaborators consistently repeated how exposure to and interaction with a transgender person was a good way to educate and create respectful relations in communities. By introducing people to a transgender individual, transgender people become real persons with human stories. People are made aware that transgender people exist as part of their communities and that gender is more complicated than normally talked about.

If we could create awareness and education. I think that's the key right there - awareness and education. Cause when you have that they are going to be- they are obviously going to be much more understanding. But I want to pull in a human aspect of it. Like this is real, like this is something that happens to people you know in your communities. And when that is put out there, when an actual human story is attached to these types of issues people understand and are much more compassionate. (Oliver)

Oliver felt that education and exposure to gender diversity created more understanding and compassion, which supports belonging and a more welcoming society for transgender individuals. School curriculum was recognized by Julie as an opportune area to teach about gender diversity. The research collaborators were not introduced to gender diversity in their own schooling. Instead, they had to scour the internet, which often produced pornographic results and not the educational resources they were looking for.

And as a society, I think we need to understand and have more education, as a whole population. Like if there can be more education in our school system. That's obviously the best place to start. If you teach someone while they are young rather than have an idea in their mind and have to shatter it and rebuild it. (Julie)

Research collaborators' calls for changes to school curricula went beyond merely including

transgender identities and bringing more critical thinking skills to systematic elements in the ways education about gender diversity occurs, as described in the following section.

**4.2.3 Educate: Everyone has a Gender.** Research collaborators felt it was important that everyone recognize that they have a gender, not just transgender people. We all experience gender socialization. We are all held in comparison to gender norms. We all experience gender stereotyping.

And the thing is, we all have a gender expression. And so we all need to be free in the way we express our gender. And so it is very common when talking to allies, or people who are just starting to figure out ... what it means to be transgender. It is very common for people to have these sort of self-discoveries and sort of say, 'Oh right, I've always felt difficulty with... how I conform to gender roles.' So I think that recognition. (Lily)

Research collaborators were clear about what they felt needed to be changed about gender socialization in our society: "Break down the need to insist on a binary is really basic" (Lily). This includes education that teaches the distinction between sex, gender, and gender identity. Education should not reinforce essentialist gender and sex stereotypes. Education should prepare students to engage reflexively with gender socialization. As Lily noted, cisgender people can struggle with gender belonging and managing gender stereotypes in their lives too. Not just transgender individuals would benefit from gender diversity education.

**4.2.4 Transgender Individuals are not Spokespersons.** Research collaborators identified the increased media attention around transgender issues as a form of public exposure to education about transgender individuals.

Even my boss at work, lives on an acreage, farmer/trucker kinda guy - and he always like talks to me about transgender people in the news. He will be like, 'Oh my god, this story about transgender people is on the news. Tape it, and we will talk about it.' So I think it is really interesting they are showing these things, to learn and educate themselves. Like even just meeting people and how they have changed so much with it. It is creating good movement, and for a lot of people who haven't had any education or wouldn't have heard our story otherwise. I think it is important, huge. (Julie)

Although all the research collaborators acted as gender educators and transgender activists, themselves, they had boundaries which structured when it was and was not appropriate to demand education from them. Research collaborators did not want to have to provide a "Gender Diversity 101" class at any and all moments in their lives. Justin noted an increased pressure to be 'spokespersons' or an authority for all transgender identities with the increase of media stories on transgender issues.

And then it is like we are almost little spokespeople for.... 'like how do you feel about this?' 'What's your two cents?'

These don't always represent me, and so I can't speak on behalf of a transwoman. (Justin)

Gender diversity education should not be pushed onto the unofficial, personal life and time of transgender individuals. This is another reason why it is important to include gender diversity education in structured institutions through public schooling and job training.

Gender diversity education, led by transgender individuals, should be supported and included in all educational and training programs, so that the burden to educate doesn't continue to fall solely to transgender individuals in their everyday lives.

**4.2.5 Impact of Exposure and Education - Generational Complexities.** In the following section I present findings from the analysis of generational complexities, given the evolution of education, exposure, and communication technologies, medical resources for



transitioning, and the ways that transgender, as an identity, is lived differently across generations, with or without access to hormones, other medical therapies, and education about gender. An analysis across generations of the research collaborators illuminates the monumental impact of developments in communication technologies for education and exposure, and medical technology for transition procedures. The research collaborators age ranges and transition histories spread them across generations of technological development, which allows me to examine the impact these technological advances have had on transgender identity development.

The internet was a vital tool for exposure and education about transgender individuals for the research collaborators in the 22-33 age demographic. For example, Beau said he stumbled upon a video blog on YouTube by a transgender person and instantly felt more illuminated about his own gender identity. He spent time online watching videos by transgender individuals and found other transgender individuals in the city to educate himself:

I spent probably a year on YouTube, watching anyone that was interesting enough to watch, people who continuously updated their pages. And then tried to get into contact in the city here, and that basically allowed me to figure out everything that I wanted to do, what was available to me, and how I was going to do. So when I went to see my doctor I know everything before I even said anything, which was good because he was like, 'I don't fucking know.' (Beau)

Beau even downloaded and printed the very detailed, medically specific transition guide by Ontario Health Sherbourne Clinic to give to his family doctor to educate him on the care he needed. The Sherbourne standard of care endorses the WPATH SOC to orientate relations and responsibilities to transgender individuals (Bourne, 2015, p.2).

Queer youth groups were also an important aspect to a positive sense of belonging that younger research collaborators had access to, which older research collaborators did not. Julie was part of a queer youth group that supported her when she stood up against the high school that was not supporting her. At this youth group she met her first transgender person and this was

a monumental experience of identity development for Julie. Justin's peer group was supportive and helpful in his exploration of his gender identity, as well. He was able to talk openly about his gender experience with some of his friends and they provided supportive feedback, encouraging him to explore and develop.

The older research collaborators [34-60] described having a harder time finding educational information or other transgender individuals on their journeys. They began transitioning much later than the younger collaborators. For Lois, a technological development that was vitally important to her transition was when Google started making it possible to access blogs by transgender individuals and groups without thousands of porn sites hiding them. With the porn sites blocked, Lois was able to access other transgender individuals which provided exposure and education that was necessary for her. The difficulty she had trying to find other transgender individuals in Saskatchewan prompted her to create an online education, social, and support resource hub for Saskatchewan transgender individuals.

Lois spoke about needing to learn about the new medical developments available to transgender youth for her to provide proper support to them and their families. She recognizes that transgender youth today will have a very different experience with the new transition procedures available. For example, transgender youth can now be prescribed hormone blockers to postpone puberty. This stops the development of secondary sex characteristics until they are considered old enough to make a decision about starting hormones that will develop the desired secondary sex characteristics. Numerous research collaborators have had the opportunity to provide some of the exposure and education to youth that they wish they had growing up. I recognize their work as strong examples of companionate abilities.

This brief cross-generational analysis reveals the importance that developments of both communication and medical technologies have had on transgender identity development. Younger research collaborators were able to utilize the internet and youth groups to discover and educate themselves about transgender issues. Finding other transgender individuals was profoundly important to all research collaborators, across age ranges. The younger research collaborators had an easier time finding information and transgender individuals because of youth groups, and online, as well as because Google now filters out pornographic results.

### **4.3 Findings and Analysis III - Care**

This section of the findings and analysis chapter speaks to the second and third research questions of this project - What are the experiences of transgender individuals seeking culturally competent healthcare? What are the institutional, practical, and policy interventions implied by the experiences of transgender individuals seeking culturally competent healthcare? Presented first are the findings of my content analysis of the World Professional Association for Transgender Health - Standard of Care Version 7 (WPATH 2011). Culturally competent care, according to the WPATH standard of care, will then be compared with the research collaborators' experiences and understandings of good quality care. Have research collaborators' experiences of healthcare met the international, national, and locally recognized standards of care for transgender people? And much more importantly, do transgender people find the standards of care adequate to their needs? The analysis of research collaborators' narratives about their experiences in relation to the WPATH standards of care show that they have, for the most part, not received culturally competent care in Saskatchewan.

#### **4.3.1 Standard of Care - World Professional Association for Transgender Health.**

The WPATH standard of care is clear about the core principles of competent transgender healthcare, reflecting the arguments put forward by Bornstein, Stone, and other trans advocates.

These principles include the following:

- Exhibit respect for patients with nonconforming gender identities (do not pathologize differences in gender identity or expression);
- provide care (or refer to knowledgeable colleagues) that affirms patients' gender identities and reduces the distress of gender dysphoria, when present;
- become knowledgeable about the health care needs of transsexual, transgender, and gender-nonconforming people, including the benefits and risks of treatment options for gender dysphoria;
- match the treatment approach to the specific needs of patients, particularly their goals for gender expression and need for relief from gender dysphoria;
- facilitate access to appropriate care;
- seek patient's informed consent before providing treatment;
- offer continuity of care;
- and be prepared to support and advocate for patients within their families and communities (schools, workplaces, and other settings). (WPATH, 2011, p.3)

These principles can be achieved by doctors, even in places with few resources. For doctors, the WPATH standards reinforce the very foundational ethics of being willing to show respect for and to do no harm to a patient. To comply, health professionals must commit to offering this basic respect to transgender people and to educating themselves through studying the most recent standards of care, training with educated colleagues, attending training sessions, or reviewing other available resources.

The core aspects of care from the WPATH Standard of Care include respect for transgender and gender nonconforming individuals, providing care (or referring to knowledgeable colleagues to provide care) that reduces the individual's experience of dysphoria, ensuring informed consent before treatment, and support and advocacy for patients

to help create a more trans-inclusive society. The principles of WPATH do not align all other ideas of the roles and responsibilities of physicians (see Hebert, 2016). The next section of this chapter contains research collaborators' understandings and experiences of care. Their accounts are then compared with the principles of care listed above from the seventh version of WPATH SOC.

Are research collaborators' experiences of care in Saskatchewan meeting the standards of care outlined in WPATH SOC-7? Are the research collaborators' understandings of care being achieved in their experiences with doctors, the health care system, and government?

**4.3.2 Research Collaborators' Understandings and Experiences of Care.** Analyzed next is how the WPATH Standards of Care compare to research collaborators' experiences. How did the research collaborators talk about care, about not being cared for, or caring for others? To begin identifying what care meant to the research collaborators I explicitly asked, should they feel comfortable in doing so, to share moments when they felt most cared for and least cared for. Research collaborators shared powerful and painful stories in reply. In the research collaborators' narratives, I listened for examples of how they cared for others and for themselves. In stories about their jobs, coworkers, friends, family, doctors, and schools, I heard concrete lived experiences of feeling cared for and not cared for.

The collaborators' stories of care were roughly divided into four categories, depending on who was (or was not) caring for whom. The categories are: cared for others, cared for myself, felt cared for, and did not feel cared for. I then analyzed each category of stories looking for a distilled theme or expression of what care is or is in essence. A signal that I was interpreting research collaborators' explanations of care correctly was how components of

experiences of being cared for aligned as oppositional with components of not being cared for. For example, experiences of not being listened to were expressed as moments research collaborators did not feel cared for. And elements of what it means to care for others that were expressed by research collaborators included paying attention to others and learning how to respect them. It makes sense that if research collaborators said not being listened to caused feelings of not being cared for, then respectfully paying attention to people would be understood as an expression of care.

**4.3.2.1 Caring for Others.** Research collaborators' stories which expressed 'Caring for Others' highlighted the necessity of respecting differences, cultivating an awareness of privilege, and educating others to prevent future harm to another transgender person. Showing care for others meant respecting differences, not erasing or minimizing other narratives and experience. For example, some transgender people lead 'stealth' lives, in which they do not tell other people about their transgender history: "It is like that stealth thing. When I first got - which is totally fine, like if you need to be stealth that's totally great. That's for you. But it wasn't for me" (Justin). Justin provided many examples of considerate and careful expression of narrative without minimizing other experiences. Justin is open about his non-binary transgender identity while recognizing that other transgender people may identify within binaries, "And I just like... that narrative may work for some people, but it is the exact opposite of how I feel." Being sensitive and aware of privilege within various contexts and relations was illustrated as important to caring for others.

This sensitivity to privilege was matched with a humble and graceful acceptance of growth and ambiguity.

My experience as a transman is totally different than a transwoman. So I just, even with myself - just because I am trans doesn't mean that like I know everything about people and their journey. And there are so many different ways to transition. And I've been wrong a lot of the time. And I've been ignorant. And before I came to terms with stuff, like I was just ignorant toward stuff I didn't know about. (Justin)

Throughout Justin's interview, he repeated the necessity of being able to acknowledge the limitations of what you know, to open up space to grow into a better companion.

Acknowledging that there is more to know and then being willing to listen, learn, and change responses is core to care. An unwillingness to recognize the limitations of what is known is an absolute barrier to learning. There must be a willingness to listen and grow, and when this is guided by compassion for others with the goal of creating relations in which partners flourish - that is care, that is being a companion.

Educating others to prevent future harm to another transgender person was an important action of caring for others spoken about by research collaborators.

When I had my hysterectomy the nurse who was coming in she would - she had misgendered me a couple times, and I was like, 'kay, you gotta stop that. That's not cool.'

If it does come up - I voice my concern and then I move on. Because if I don't voice my concern- I feel like I take that on. No one has to, but I take it upon myself to let them know that that is not a very respectful thing to do. In hopes that the next person they come across will not go through the same sort of interaction. (Oliver)

Oliver 'takes on' the burden of confronting trans-exclusive practices as an act of companionship to those who will come after him. There is a relationship of accountability to other transgender people that he feels, which drives his companionate actions. This relational responsibility motivates him to do the hard and risky work of educating. In this instance, a nurse occupies an authoritative position, because it was her job it was to care for him at a

critical moment. But she was not nursing him adequately because she continually refused to recognize his identity as a transgender man.

**4.3.2.2 Cared for Myself.** The main themes that emerged as research collaborators discussed the ways they had shown care to themselves was their ability to accept ambiguity in themselves, while still recognizing personhood and qualities about themselves that demand respect. The self-care involves accepting ambiguity within oneself despite the fact that the ambiguity is not accepted by others. An element of care for self that emerged in research collaborators' narratives was the importance of sitting with and accepting the ambiguous over accepting what other people say any given experience should be.

For me the most important aspect of care - was in fact, self-care. ... What really pulled me through was learning to love myself and care for myself. And it really wasn't until that... till I began to do things about that... that I felt that I was getting care. And a lot of it was coming from me ... So care for trans people has to involve finding ways to release their own potential, to give them that security they need to be able to find their self-love. (Lily)

Care involves supporting transgender people in realizing their potential to be whoever they want and need to be. Supportive, inclusive, respectful environments and relations are conducive to supporting an individual in exploring their full potentiality.

In seeing the self as a continuous process of development, and accepting the ambiguity of self-identifications, Lily and Justin were able to care for themselves. They showed love to themselves by sitting through the uncomfortable condition of not having a clear answer. Supporting themselves and feeling cared for by those around them was enough to start exploring possible answers through living and becoming.

I remember once Jill told me like, 'Well maybe just experiment with this masculine side.' And I was like, 'What?' And then it just made sense.



‘Just try it out. See if you like it.’

And I liked it. So I only found out what I wanted based on what I didn’t want. And that is just kinda how life went. ...

Just it was hard to picture and envision that body that I didn't know I wanted until I had it. And just with all that growth along the way, like with yoga. Watching along the way how much more comfortable I am around my body. (Justin)

The experience of knowing through the negative means being able to specify what is not rather than what is. “Negative capability asks that we shy away from ‘knowing’ in favour of staying ‘in the place of uncertainty in order to allow for the emergence of new thoughts or perceptions’” (Eisold, 2000, p.65). It means speaking only in terms of what may not yet be said, and is contingent on having a relevant lived experience; Justin said: “It took me all this time to figure it out, till I was 22. Not even to figure it out. But I’ve come to terms with not having the words to say how I felt, having the guts to ask people to use a different name or a different pronoun” (Justin). Knowing through the negative embraces ambiguity, and accepts the fluidity of knowledge. Research collaborators were comfortable asking themselves questions and having those questions produce further areas of investigation. There wasn’t necessarily a demand for a clear answer for curiosity and speculative reflections to be valued. There was a view of life as a journey, a continuous evolutionary growing guided by the questions research collaborators asked themselves as they progressed through time and space. Supporting transgender people by creating an inclusive, respectful, and safe environment to explore and release our potentiality is core to responsible care. The importance of supportive action and respect in caring for transgender people is explored further in the following section as research collaborators’ experiences of feeling cared for are presented.

**4.3.2.3 Felt Cared for.** When research collaborators discussed instances of feeling cared for, they spoke about being recognized, being listened to, and then being shown support. By paying attention to those around us, then engaging as companions, partners go forward together. Haraway calls this ‘becoming more worldly’ together, “more alert to the demands of significant otherness at the scales that making more livable worlds demands.” (2003, p.61). Beings must notice each other, learn how to respect each other, and become significant others to each other, through mutual care and respect.

How can we care for? I mean, really, I think it is the same way we care for anybody in society. I think number one is to listen to people. Listen to people. Listen to what they are saying, listen to what they are asking.

Yeah, and we have to do more than listen - don't we... Hmm...Cause I'm thinking about times when I felt I wasn't being cared for. And sometimes, those were times when definitely I felt I wasn't being listened to or paid attention to.

Paid attention to is part of it too. Just paying attention to people because sometimes people aren't saying anything and that is when it is worse for them. (Lily)

Becoming more alert to our relations with transgender individuals demands listening to them, respectfully recognizing them, and then acting in a companionate way. It also means recognizing when transgender people are being silenced, subalterned, or refused acknowledgement, and taking action to redress that wrong.

A clear example which maintains the core findings of care for transgender individuals as being listened to, recognized, and shown support is Beau's experience of coming out to his parents.

Probably most cared for was actually when I came out to my parents. ... The first thing that my mom did, was stood up and gave me a hug and said, 'I love you.' And it was really at that point that I realized I have taken those words for granted every single day of my life up until then. (Beau)

His parents made Beau feel the most care he had ever felt in his life by listening to him, recognizing him, and then supporting him. Beau said that knowing his parents were not going to kick him out, knowing that they were not going to stop talking to him - in short, knowing his parents supported him made him feel the most care he has ever felt. Not all research collaborators felt cared for and supported by their families.

If research collaborators had been able to access informed healthcare or transition procedures, these were recognized as an important aspect of feeling cared for. Beau said that getting his chest surgery was the “best thing I’ve ever done” and recalls his response to a question posed to him in the past about how long it took him to adjust to not having breasts, “I was like, ‘As soon as I woke up in recovery.’ How long did it take to adjust? Well I’ve never wanted them there, so . . .” (Beau).

Other sources of support were important to feeling cared for. Showing support was discussed as advocating for transgender issues, and listening to community members regarding what that advocacy should look like.

Care, I mean - I interpret that as support.

That’s important for anyone, no matter who you are. Especially for someone whose identity isn’t accepted within society. In this case, trans people. Support from family, support from friends, from people you interact with - coworkers, teachers. One presentation I do for trans employees, coworkers, employers - saying that one of the most important times to support a trans person is when they first come out. (Lois)

Part of my research into health care services for transgender people in Saskatchewan involved connecting with the Saskatoon Community Clinic (SCC). The Saskatoon Community Clinic was recognized by multiple research collaborators as being a supportive organization offering care to transgender individuals. SCC is a nongovernmental, community

run, health clinic; at the time, it was also undertaking an assessment of care for transgender individuals in Saskatchewan. The representative conducting the assessment contacted the Pride Centre Coordinator for the University of Saskatchewan Students' Union and me for a meeting as part of the community consultation. The SCC recognized a gap in access to healthcare for transgender people. To address this lack, the SCC began training their health practitioners in competent transgender care.

Saskatoon Community Clinic is committed to improving healthcare services. To the point where they have advocated to the government on our behalf on certain issues, so they've really been sticking their neck out recently for the trans community. (Lois)

However, all the research collaborators had trouble getting the care and support they needed from the healthcare system. Research collaborators faced uneducated and cruel doctors or health practitioners, long waitlists, and few resources. An important aspect of showing care to Julie means listening to the horrendous experiences (discussed below) she's had with numerous doctors in Saskatchewan, and then helping her access the healthcare she had been denied. After being introduced to the Saskatoon Community Clinic and various healthcare workers there I felt confident and comfortable referring other transgender people there. I informed Julie about the dedication of the clinic to providing compassionate and comprehensive care to transgender individuals. After a decade of trying to access hormones and care, Julie obtained access to hormone therapy just weeks after going to the SCC.

**4.3.2.4 Not Cared for.** The healthcare system was an area where research collaborators strongly felt uncared for, "Least cared for? Probably within the medical system" (Beau). Doctors' prejudice and lack of education about transgender individuals made not being cared for far too common.

When I was like 18 years old I went to a doctor and said, ‘I want to transition.’ And the doctor basically just told me, ‘That’s not possible. We don’t do that.’ So I just burst into tears; it was very hard to hear. Like I had known that in Saskatoon is where we have an endo [endocrinologist], so I was just like, ‘I’ll move to Saskatoon one day, and that’s when I’ll pursue it further.’ And then from going to another doctor - and having issues like with the issue with the sore throat, like the beat down about my gender. It made me want to not go to doctors. (Julie)

Julie was denied access to care related to her transition, even though she was already living as a woman. She had to wait for years and move to a new city, chasing just the possibility of receiving care. But in this new city, Julie faced another uneducated and cruel doctor. She had strep throat and needed antibiotics, but the doctor did not focus on her throat and instead gave her “the beat down” about her gender. Not only are transgender people in Saskatchewan not getting the transition related care they need; some are being denied care unrelated to transitioning because of bias against their gender expression.

Research collaborators did not feel supported or cared for by Saskatchewan health care; “Support comes in many aspects including medical support, which is atrocious in Saskatchewan. I mean, personally, I had to see twelve different general physicians before I found one that was even willing to sit and listen, and support me - at least support me, even if he didn’t understand.” (Lois). Healthcare professionals not being properly educated about transgender health has created encounters where research collaborators did not feel cared for. Doctors enforced and expected heterosexual, binary gender norms from research collaborators, even though gender and sexual diversity is not pathologized in the WPATH standard of care, with which we could hope they be expected to be familiar as professionals with a commitment to currency in their fields. Research collaborators were expected to present identities and expressions that fit within a binary, heteronormative understanding of

gender and sexuality.

Lois is familiar with the history of transgender identities in medical discourse. She knows that the normative 'trapped in the wrong body' script has been expected by doctors in order to access care. Knowing those expectations, she still tried to challenge them by presenting a more authentic narrative:

The very first psychiatrist that I seen ... when I first seen her - I wasn't wearing typical - stereotypical feminine clothing. Well a skirt, is really what it was. She pointed it out said, 'Well, you aren't wearing a skirt.'  
I said, 'You aren't wearing a skirt neither.'  
And she goes, 'No, no I guess.'  
So I said, 'Plus, it's minus 40 out right now, so I wasn't going to.'  
So I don't know where that question came from. From ignorance or if she was just a real sly psychiatrist. I think I'm probably giving her too much credit.

I understood I need to go through that transitional process, hormones, surgeries and stuff like that. And I knew what the answers needed to be... at the same time [I] challenged it where I could. I'm not going to hide that I'm not a binary subscribing 1% super femme woman. Fuck that. If that is going to prevent me from getting the medical treatments I need, then fuck the medical establishment. Let's change it. That's my answer. (Lois)

The encounters the transgender research collaborators have had with the Saskatchewan health care system do not meet the standards of care outlined in the WPATH guideline to care. Julie was denied access to transition related care by her doctor and was not referred to a colleague who could provide care. Years later, having moved to another city in her quest for the possibility of responsible transition care, she was harassed about her gender identity by another doctor who did not focus on her presenting condition, a sore throat. The WPATH Standard of Care indicate that gender nonconformity is not a pathology, but an expression of gender diversity and should not disqualify transgender individuals from accessing any form of

necessary care. However, Lois' gender identity was challenged by the psychiatrist she saw because she was not wearing stereotypical feminine clothes, an expectation that many cisgender women would rarely meet. Julie and Lois' experiences of healthcare in Saskatchewan did not meet the standards care defined by the WPATH SOC-7, nor the research collaborators' own definitions and practices of care in their relationships with others.

Research collaborators experienced referrals not being sent by doctors as they said they would be, receptionists at surgical offices 'losing' their information, being misgendered by practitioners, being asked invasive questions about their genitals, sexual identities, and sexual histories, and having doctors suggest that they experience heterosexual intercourse to make sure they really are transgender. They were not provided with the information required to make critical decisions.

Research collaborators were not able to access all the transition related procedures they needed and those they were able to get were difficult to access and required long, unsupported waits. Research collaborators paid out of pocket for their realignment surgeries, cashing in pensions or parents' savings to access lifesaving care. Research collaborators paid out of pocket because they felt that waiting on 3-year-long waitlists for the only two doctors in all of Canada recognized by Saskatchewan Health as being able to give approval for gender-realignment surgeries (despite the availability of numerous other qualified professionals) was too long. After approval from these gatekeeping doctors, the total expenses covered by Sask Health were estimated by research collaborators to be so minimal, that it was not worth the hassle or wait. Information from Saskatchewan Health detailing the estimated amount of coverage is not accessible. Other reasons research collaborators paid out of pocket included

referrals never being followed up, lack of support for recovery, and competent care not being offered in province. Only one research collaborator has received all the transition-related surgeries and procedures that she needs. All the other research collaborators still need transition-related care.

Research collaborators also stress the importance of other factors that influence their health and wellbeing. They note the importance of affordable and stable housing, employment and income security, community, friendly public relations, suicide prevention, and mental health services. These social aspects of mutual care are well recognized as some of the major determinants of health (Mikkonen & Raphael, 2010). The encounters these transgender individuals have had with the Saskatchewan health care system do not meet the standards of care outlined in the WPATH guideline, the basic requirements of competent care, or the principles outlined by the research collaborators themselves.

**4.3.3 Becoming With - Liveliness, Self, Love.** The relationship between care and becoming is one that transgender individuals grapple with in a unique way. By listening to and analyzing the subjective knowledge shared by the research collaborators in their narratives, the characteristics of how they understand their care emerged. Haraway talks about love and relational being as becoming more alert to each other: “significantly other to each other, in specific difference, we signify in the flesh a nasty developmental infection called love. This love is an historical aberration and a naturalcultural legacy” (Haraway, 2008, p.16). The intimate view of relational responsibility to one another and to other species as central to understandings of care and self are also of considerable import to Oliver, who identifies closely with traditional Cree teachings. These traditions operate on principles of relationality:



That's like the Seven Generations within Indigenous cultures; you have to think about seven generations back. What they have done for you to this point. And you also have to think about seven generations forward and how you are going to. How I am going to be a positive influence on those seven generations going forward?

So it is to appreciate the fact that someone seven years- seven generations back didn't know you, had no idea who you were, didn't know your interests, how you identify, but they loved you because you are a part of the future. You are a part of their future.  
(Oliver)

We interact with others, pay attention to and become significant others to each other, loving possibilities of being into reality. To care for transgender individuals demands recognizing everyone's role in loving the possibilities of ourselves and others into existence through respectful relations.

## **Chapter 5: Discussion**

The research questions answered in this inquiry were: What are transgender identities? What are the experiences of transgender individuals seeking culturally competent healthcare? What are the institutional, practical, and policy interventions implied by the experiences of transgender individuals seeking culturally competent healthcare? Summarized briefly, the answers to those questions are: Transgender identities are not pathological; Transgender identities are articulated and constructed through and beyond binary understandings of gender; and Transgender identities belong to individuals with diverse passions, fierce love, and complex histories. The most promising practices of care for transgender people include: respectfully recognizing us, listening to us, and contributing to the creation of a society that recognizes at every day and institutional levels the legitimacy of transgender identities.

Transgender identities highlight the complex and entangled components of gender. To answer the question of what transgender identities are, I asked research collaborators about their understandings of self and gender. Research collaborators made important links between power, systems of knowledge, and socialization processes in society. Unsettling historical and contextually specific knowledges that shape normative gender and life trajectories open up the opportunity to imagine new life narratives, and alternative relations to space and time. Both Oliver and Lois use the word ‘journey’ to describe their transitions, and life’s journies, without a clear beginning or an end. “Journey” disrupts the censored, external, and scripted binary normative narratives of before/after, pre/post transgender identities. Transgender identities are lived across time, and are contextual, dynamic, ambiguous, and real.

The findings show that history and context are important to the research collaborators’

identities, and their commitments to recognizing that things could have been better, and should still be better. The histories that must be inherited and inhabited to go on creating more gracefully together are specific to the study's location on Treaty 6 land. This is evident in the racism Justin faced from co-workers, in Lois' understanding of colonialist indoctrination and enforcement of paradigms and norms, and in the Cree traditions and ways of being that are integral to Oliver's wellness. A limitation of this study is that all research collaborators live in urban settings now, although many of them moved from rural areas.

The second and third questions of this research project were designed to identify what the experiences of transgender individuals seeking culturally competent healthcare are, and what institutional, practical, and policy interventions are implied by the experiences of transgender individuals seeking culturally competent healthcare. The findings show that the core to care for transgender individuals involves listening, recognizing, and showing support. Supportive relations are those that allow transgender individuals to flourish and become in ways that allow them to feel a positive sense of gender belonging, "Belonging is to be perceived by others the same way as one perceives oneself. Gender belonging is positive when the gender perceived is given a positive value, both by the individuals and by the others" (Benestad, 2010, p. 226). This sense of belonging is relationally created. Medical professionals, and individuals within institutions of socialization (family, classmates, coworkers and teachers) must recognize and value positively transgender identities as non-pathological and belonging to the broad spectrum of gender diversity as lived across time and space. Transgender identities are not shameful. Access to care and social belonging should not be held hostage by the requirement of presenting binary performances of gender. Transgender

individuals should not have to hide their identities, nor have them erased.

A major finding of how to care for transgender individuals includes the need for public education and widespread exposure to gender diversity, which draws on everyone's experiences of variation from binary gender norms. Education and exposure to gender diversity as a lived reality is important for transgender individuals' wellbeing, and for creating a society that recognizes transgender identities as legitimate and non-pathological. Research collaborators clearly stated that not being exposed to and educated about gender identities beyond binary accounts interfered with their wellbeing. Exposure and education are very important to transgender individuals' self-discovery. Not knowing about gender diversity led research collaborators to feel "crazy" because of their subjective experiences of gender. Not being exposed to respectful representations of transgender identities prevented research collaborators from realizing that transgender people exist as more than ideas, fictional extras, in pornographic performers, or as showgirls. The discourses the research collaborators grew up with did not provide the words, roles or representations of gender in which the research collaborators could recognize themselves. Being introduced to a transgender individual in person or through the internet was a as revolutionary moment for the research collaborators. Hearing transgender people share their narratives led research collaborators to monumental self-realizations and to the discovery of a concept or term for how they had been experiencing their genders.

Being exposed to gender identities beyond a binary system was seen as important for everyone, not just transgender and gender diverse people. Exposure and education about gender diversity was recognized by the research collaborators as vital for respectful social

relations more broadly. The research collaborators felt that including gender diversity education to school curricula would be an important intervention towards creating a gender-inclusive society. They recognized the school as an institution of socialization, important in maintaining social norms. Research collaborators clearly called for amendments to school and training curricula to educate everyone about intersectional gender beyond binaries. They argue that it is important to include transgender individuals in training and educational sessions. Exposure to gender diversity beyond binary systems is also important for cisgender people who can also benefit from a safe place to learn about and experience new and diverse gender expressions. Education about gender also informs everyone that it is not only transgender people who experience gender, or gender oppression; everyone does. Exposure to and interactions with transgender people provide learners with the opportunity to move through the cognitive dissonance and scripted emotional reactions of learning how to notice, respect, and care for transgender and, indeed, all people. Sufficient funding and acknowledgement of the support and work done by community-led peer support groups and speakers, who provide support and education for transgender individuals and families, along with public presentations in schools, chambers of commerce and government agencies, are needed. I specifically highlight Trans Sask Support Services, a community-based advocacy and support organization, as an important resource to Saskatchewan residents.

In order to care for an individual, they must be recognized. Lily expressed the importance of listening and paying attention to others to understand how to recognize them. An important aspect of care for Lily includes a supportive environment that allows for the exploration of self, and a positive sense of belonging in society regardless of gender, race,

class, ability, age, sexual orientation, faith, ethnicity or any other element of identity. For Oliver, care means recognizing his identity as a Cree two-spirit transgender gay man. For Justin, this means recognizing he is in the process of renegotiating his identity as an Indigenous person raised in a white family. To care for Lois means recognizing how disability and transgender identity impact belonging in an ableist and genderist society, and how gender and beauty norms the impact perceived legitimacy of gender identity and regulates access to care. To care for Beau means recognizing that he identifies as transgender, that genders exist outside the binaries, and that improving healthcare in Saskatchewan is critical for the wellbeing of all transgender persons living here.

In particular, training in transgender care competency as specified in the WPATH SOC-7, extends to case management, organization of referrals, and coverage of care. An important aspect of showing care to Julie means helping her access the healthcare she has long been denied. After a decade of trying to access hormones and care, Julie has now obtained access to hormone therapy just weeks after going to the SCC. The SCC had already begun to take an interest in health care for transpeople before their WPATH training. Julie being able to access health care at the SCC indicates that the assessment and subsequent training in WPATH standards of care by the clinic has quickly improved access to appropriate healthcare for at least some transgender individuals in Saskatchewan. The SCC should be used as a model for other service-providers. A relationally responsible orientation to transgender individuals includes: listening to them, recognizing them, and providing supportive action, which includes access to procedures and therapies provided by the healthcare system expressed in line with principles from the WPATH SOC-7.

In Saskatchewan, more doctors need to be properly trained to help individuals seeking positive gender belonging and to provide optimal options for gender expression.

The ultimate goals of the following recommendations are for transgender people to have kinder, easier and faster access to competent health and education providers who are knowledgeable and experienced in transgender physical and mental health care. Waitlists of over two years to see doctors out of province are too long, and are not in line with the recognized standards of care.

## **Recommendations:**

*“First and foremost, a government that will fricken- I was going to say listen to us.. but they are listening to us.. But give some credibility to what we have to say and make some tangible changes to policy regulation, legislation in regards to trans people. First and foremost,... Well, first and foremost - is honouring the fact that we have human rights now. Or we are supposed to.” (Lois)*

1. Culturally competent transgender care training for healthcare professionals is necessary in Saskatchewan to ensure that all health care professional are aware of WPATH standards, with the Saskatoon Community Clinic as an evolving model for other service-providers.
2. Provision of free psychological, endocrinological, surgical, and informational services currently lacking with specific up-to-date, local contacts provided through Saskatchewan Health.
3. Educate about gender diversity – Public school curricula should include gender diversity education. Gender diversity training in the workforce should be made widely available for employees and employers as an important part of intersectional diversity training.
4. Better coordination of referrals, case management, education, advocacy, outreach, evaluation, and research across sectors must be undertaken in the healthcare system, as part of a mandate to meet WPATH standards of care.
5. Hire transgender and two-spirit individuals as consultants and administrators in the design and implementation of policy and practice changes.



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Appendix A  
Interview  
Questions:

1. Could you introduce yourself?
2. Where are you from? / Where is home?
3. Can you tell me about your identity?
  - How do you think of yourself, at least at this moment - because we know that everyone's sense of who they are changes with time, so let's take it at this moment in time, what can you tell me about how you see yourself?
  - Are there terms that you identify with? Are there other ways you identify? It doesn't necessarily have to be tied to your gender.
1. What do you think about gender/sex binaries?
  - How does the binary of male/female feature in your sense of identity, if at all?
  - How does the binary of masculine/feminine feature in your sense of identity, if at all?
2. Have you thought about nature/culture - biological/social binaries? Have you thought about 'natural' vs. 'created' bodies?
  - How does the binary of biological/social feature in your sense of identity, if at all?
  - How does the binary of natural/created bodies feature in your sense of identity, if at all?
6. What has 'care' meant for you?
  - To start, can you tell me what does the word 'care' mean to you?"
7. How can we care for transgender people?  
health care system? society in general? interpersonal relationships?
  - Can you tell me about a time when you felt most cared for?
  - Can you tell me about a time in your life when you felt least cared for?
8. Can you tell me about your relationship to technology? What kind of devices/technology do you use and how?
  - Does the use of technology feature in your sense of identity, if at all?
9. Is there anything else you wish to say, any further thoughts on this topic of connection between technology, science, society, and the transgender body?

## Appendix B Glossary of Terms

**Cisgender:** A non-transgender person. A description for a person who aligns with the expectations of gender/sex based expectations and societal norms.

**Companionate abilities:** A companion that embraces the responsibility of becoming with that which it encounters (Haraway, 2003).

**Knowing Through the Negative:** Knowing through the negative is an attempt to clarify experience and language through discernment, gaining knowledge of what one is not, rather than by describing what one is. This negative capability is the ability to tolerate the anxiety of not knowing, rather than imposing ready-made or omnipotent certainties upon an ambiguous situation or emotional challenge, “Negative capability is the strength to tolerate the emotional turbulence of not-knowing: to forbear imposing false, omnipotent or premature solutions on a problem” (Williams, p. 42, 2010) It is a special formation of the “uncertainty principle” (Bion, 1991, p. 207).

**Micro-aggression:** “Racial microaggressions are brief and commonplace daily verbal, behavioral, or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial slights and insults toward people of color.” (Sue, Capodilupo, Torino, et al., 2007, p.271).

- “Microaggressions are subtle insults (verbal, nonverbal, and/or visual) directed toward people of color, often automatically or unconsciously” (Solorzano, Ceja, Yossa., 2000, p.60).
- “Subtle, stunning, often automatic, and non- verbal' exchanges which are 'put downs' of blacks by offenders" (Pierce, Carew, Pierce-Gonzalez, & Wills, 1978, p. 66).

**Phenomenology:** Phenomenology is the study of our subjective experiences of our everyday worlds; how the world appears to us, the categories organizing our perceptions, the



ways we understand our worlds. Phenomenological conceptions of the body have proven to be very useful within Transgender studies because they incorporate more than the body's mere materiality (Butler, 1993; Rubin, 1998; Sullivan, 2006).

**Significant otherness:**

“We have had forbidden conversation; we have had oral intercourse; we are bound in telling story upon story with nothing but the facts. We are training each other in acts of communication we barely understand. We are, constitutively, companion species. We make each other up, in the flesh. Significantly other to each other, in specific difference, we signify in the flesh a nasty developmental infection called love. This love is an historical aberration and a natural cultural legacy.” (Haraway, 2003, p.2)

“Companion species have relationships founded on their significant otherness, which means that it is precisely their species differences that make them important to one another: that dogs have a more refined sense of smell and hearing makes them a great ally to humans” (Wylie, 2012, p.65)

**Transformative/Reflexive Science:**

To start from a perspective that recognizes the researcher as part of, in company with, and becoming with - what they study - is the start of a transformative science.

Transformative science is informed in this project by Haraway's Companion Species theory, which is to look at the company you keep, to behold and to consort with others. Companion species is about becoming worldly with others. “To knot companion and species together in encounter, in regard and respect, is to enter the world of becoming with, where who and what are is precisely what is at stake” (Haraway 2008). Gruen refers to this as an ‘entangled empathy,’ a caring perception in which we recognize our

relationships with others and “we are called upon to be responsive and responsible in these relations by attending to another's needs, interests, desires, vulnerabilities, hopes, and sensitivities.” (Gruen, 2015, introduction).